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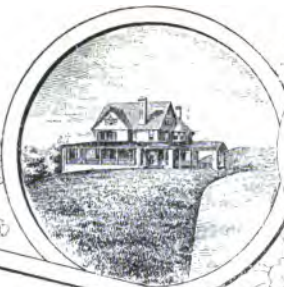
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TWENTY-FOURTH ANNUAL REPORT

OF THE

MIDDLETOWN

n. y. STATE HOMEOPATHIC HOSPITAL
ESTD 1879.

AT

MIDDLETOWN, N. Y.

TRANSMITTED TO THE LEGISLATURE, JANUARY, 1895.

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JANUARY, 1895.

TWENTY-FOURTH ANNUAL REPORT

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MIDDLETOWN STATE HOMEOPATHIC HOSPITAL AT
MIDDLETOWN, N. Y.

MIDDLETOWN N. Y., *December 6, 1894.*

To the Honorable the Speaker of the Assembly:

SIR.—I have the honor to transmit to you the Twenty-fourth Annual Report of the Middletown State Homeopathic Hospital, and beg that you will present the same to the Legislature.

GRINNEL BURT,

President.

OFFICERS.

TRUSTEES.

HON. GRINNELL BURT.....*President*, Warwick, N. Y.
HON. JAMES G. GRAHAM..... *Vice-President*, Newburgh, N. Y.
HON. M. D. STIVERS.....*Secretary*, Middletown, N. Y.
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OFFICERS OF THE HOSPITAL.

SELDEN H. TALCOTT, A. M., M. D., Ph. D., *Medical Superintendent*.
GEORGE ALLEN, A. M., M. D.....*First Assistant Physician*.
C. SPENCER KINNEY, M. D.....*Second Assistant Physician*.
DANIEL H. ARTHUR, A. M., M. D.....*Third Assistant Physician*.
MAURICE C. ASHLEY, M. D.....*Fourth Assistant Physician*.
CLARA BARRUS, M. D..... *Woman Physician*.
JOHN COCHRAN.....*Steward*.
H. J. LEONARD.....*Assistant Steward*.

ALES HEDLICKA, M. D.....*Interne*.

SUPERVISORS.

Mr. W. E. COOK,	Miss D. W. COMSTOCK,
Mrs. W. E. COOK,	Miss IRENE BENJAMIN.

TRUSTEES' REPORT.

To the Legislature of the State of New York :

We herewith submit to the Legislature of this Commonwealth the twenty-fourth annual report of the Middletown State Homeopathic Hospital. In this report will be found statements showing the workings of the institution for the year ending September 30, 1894. The present condition of affairs will also be noted, and our future necessities for the welfare of the insane will be pointed out. In the statistical tables may be found the numbers treated, the results attained, and the various conditions which have existed among our patients. The superintendent's report and its addenda will show the means and measures employed for the care and cure of the sick, and for ascertaining the actual conditions which prevail among the insane. The annual report of each public hospital should contain everything that can be developed or demonstrated as beneficial to the insane, and even the byways of medical investigation should receive careful and painstaking attention.

Duties of trustees.— During the past twenty years many important duties and grave responsibilities have been imposed upon the various boards of trustees of our State hospitals. Among the duties thus imposed are visiting and inspecting the wards, and consulting officers and employés regarding the comfort and welfare of the patients. The patients themselves have had, likewise, untrammelled access to the trustees, and every complaint, whether just or unjust, has received careful and critical attention.

The trustees are likewise charged with the appointment of officers, and the regulation of wages. Again, they have examined

and approved plans, and directed the construction of all buildings and improvements. Every item of expense, involving one or many dollars, has been audited and approved by a duly appointed committee of trustees; hence it may readily be seen that the duties of trustees, if carefully performed, require much time, good tact, judgment, thought, and experience.

Of course a large amount of the detail work of a public institution must necessarily devolve upon the local officers—the superintendent and his assistants, and the steward and his coworkers. But the responsibility for their work rests with the trustees by reason of the fact that they have appointed them. It is a source of satisfaction to this board to know that during the past twenty years its appointees have faithfully performed the tasks assigned to them, and have invariably remained true to the interests of this hospital, and to the beneficent cause of suffering humanity.

New law requiring estimates.—During the past year some notable changes in the management of public hospitals for the insane in this State have occurred. These changes are in compliance with the law which provides for the preparation of monthly estimates by the steward, under the superintendent's direction, at each hospital; and for the revision of such estimates by the State Commission in Lunacy.

The following is an excerpt from the Laws of New York for the year 1893, chapter 214:

“The medical superintendent of each of the State hospitals shall, on or before the fifteenth day of each month, cause to be prepared by the steward thereof duplicate estimates in minute detail of the expenses required for the hospital of which he is such superintendent, countersign and submit one of such duplicates to the State Commission in Lunacy and retain the other. The State Commission in Lunacy may revise said estimate either as to quantity of supplies or estimated cost thereof, and certify that it has carefully examined the same and that the articles contained in said estimate as revised by it are actually required

for the use of the hospital, and shall thereupon present the said estimate and certificate to the Comptroller. After the estimate has been approved or revised by the Commission the Comptroller shall authorize the board of managers to make drafts on the Comptroller as the money may be required for the purposes mentioned in the first section, which drafts shall be paid on the warrant of the Comptroller. In all such estimates there shall be a sum named, not to exceed one thousand dollars, as a contingent fund, for which no minute detailed statement need be made.

“The superintendents of each of the said institutions or their representatives shall meet at least once in every month at a day to be appointed by the State Commission in Lunacy at the office of the Commission at Albany to consult with said Commission with reference to matters relating to the care and maintenance of the State hospitals and particularly with reference to the purchase of supplies for the use of said hospitals. And where in the judgment of the board of any State hospital questions have arisen requiring special examinations, some members of said board may be designated by it to attend said meeting.

“The treasurer of each of such hospitals shall be custodian of all moneys received from the Comptroller, keep an accurate account thereof and only pay out such money on vouchers approved by the executive committee of the board of managers. He shall receive all moneys for the care of private patients and other sources of revenue of the hospital, and deposit all such moneys in a bank designated by the Comptroller, and shall send to the Comptroller and to the Commission a statement showing the amount so received and deposited, from whom and for what received, and the dates on which such deposits were made.

“The treasurer of each State hospital shall on or before the fifth day of each month make to the Comptroller and to the Commission a full and perfect statement of all the receipts and expenditures, specifying the items thereof, for such hospital, for the last preceding month, which shall be accompanied by the necessary vouchers regularly rendered according to their respective dates, with some short designation thereof. If the consideration of payment evidenced by the vouchers and the amount of the vouchers carried out in figures. If any voucher or vouchers are found to

be objectionable, the Comptroller shall enter his dissent on the particular voucher, and return it to the treasurer furnishing the same, who shall cause it to be presented to the board of managers for the correction, and immediately return such voucher to the Comptroller. Every such statement shall be verified by the affidavit of the treasurer thereunto annexed. The affidavit of the steward shall likewise be appended thereto to the effect that the goods and other articles therein specified were purchased and received by him or under his direction at the hospital, and that the goods were purchased at a fair cash market price, and paid for in cash, and that neither he nor any person in his behalf had any pecuniary or other interest in the articles purchased; that he received no pecuniary or other benefit therefrom in the way of commissions, percentage, deductions or presents, or in any other manner whatever, directly or indirectly, nor any promises of future payments, present or benefits, or to any person for him, either directly or indirectly; that the articles contained in such bill were received at the hospital; that they conform in all respects to the invoiced goods received and ordered by him, both in quality and quantity."

On the 1st of October, 1893, the system of preparing estimates under the aforementioned law was inaugurated. The effect has been somewhat trying at times. The application of this law may be made arbitrary in the extreme. It may develop into a system of favoritism on the one hand, and the manifestation of personal spite or hatred on the other.

The future success of the estimate plan will depend upon a philanthropic and broad-minded method of administration. If the interpretations put upon the law are of a liberal and equitable, yet just and impartial, variety, then it may be asserted that the system of estimates will eventually work good in behalf of the hospitals and their inmates, and in behalf of the interests of taxpayers who maintain these public charitable institutions at a large cost.

While the accounts of each hospital should be freely scrutinized by duly appointed officers, and while in the revision of

estimates all unnecessary extravagances should be lopped off, there should be no unwarranted deprivations, nor should the prices of needed articles be made so low as to preclude the possibility of buying first-class goods and provisions for the comfort and welfare of the sick.

In maintaining a great public charity in behalf of those who are sick and helpless, we believe that the opinions of the medical officers in charge of such sick people should be respected at all times, and their requirements for the insane should be complied with invariably, unless some indisputably good reason can be offered for a reversal of their action.

Inspections.— During the past year the hospital has been systematically inspected by the trustees at their quarterly meetings; also by the visiting committee, some member of which has visited and inspected every portion of each building, at least once every month throughout the year. Again, the farm and building committee has met, on an average, about twice each month to consider plans or inspect improvements which have been made. Fifty recorded visits have been made during the year. Many other casual or temporary visits have been made by various members of the board, a note of which was not put upon the record. As a fact, it may be stated that there is scarcely a week, or even a day in the year, when some one of the trustees does not visit the hospital, or some part of it.

Committees.— The committees charged with the special work of the board are as follows :

Executive committee— Vanamee, Stivers, Hayes.

Legal committee — Decker, Devoe, Vanamee.

Farm and building committee — Clark, Macardell, Hayes.

Visiting committee — Wetmore, Graham, Slote, Decker.

Inventory.— At a meeting held by the board September 20, 1894, a resolution was passed ordering the building com-

mittee to make an inventory of all the property of the establishment on the 1st of October, 1894. This work has been carefully and thoroughly performed and a copy of the inventory is filed in the treasurer's safe.

Reports.— We present herewith the reports of the various departments of the institution, namely: the farmer's, the gardener's, the florist's, the engineer's, the carpenter's, the laundryman's, and the report of the canning department.

Farmer's report.— The farmer reports the following as products of the farm during the year:

Apples, bushels.....	496
Cider, gallons	669
Corn, silo, tons.....	170
Hay, tons	251
Milk, quarts.....	84,500
Oats, acres, unthreshed.....	11
Pigs	483
Pork, pounds.....	34,940
Potatoes, bushels.....	513
Straw, tons.....	6

During the past winter, when there was much discussion as to the prevalence of tuberculosis among cows, it was deemed wise to have an examination made of the hospital herd. The tests were made with tuberculine, and as a result it was ascertained that thirty-six of the herd were more or less affected with tuberculosis; consequently these thirty-six cows were killed. Great care has been exercised in behalf of those who were not affected by the disease. The stables have been fumigated and disinfected and every suspected animal has been promptly isolated from the rest of the herd. We shall need an appropriation of \$1,600 for the purchase of thirty-six healthy cows to take the place of those that were slaughtered.

The State Board of Health was notified as soon as tuberculosis was discovered in this herd, but we were unable to get relief from that board; consequently we were obliged to call in and pay a veterinary surgeon. We would suggest the propriety of purchasing cows only after they have been tested and found healthy. We would also suggest the advisability of having a State inspector examine the herd of each State hospital once a year in order to detect and remove all infectious diseases.

The following has been accomplished on the farm during the year: .

October, 1893. Grading in woods; harvesting potatoes and farm crops; drawing stone and groceries, and general work about farm.

November, 1893. Harvesting fodder corn; fixing up about pigpen and barn, and other buildings; drawing manure, coal ashes and groceries.

December, 1893. Drawing ashes to make new drives for heavy loads; butchering; drawing manure, coal and groceries; digging ditches; scraping snow and clearing walks; moving hay.

January, 1894. Digging sewer, and laying the pipes to connect boiler-house with main sewer; drawing coal and groceries; cleaning about boiler-house; butchering; harvesting ice; general work.

February, 1894. Harvesting 1,760 tons of ice; butchering; drawing manure; covering the ice; scraping and cleaning walks; drawing coal and groceries from town.

March, 1894. Scraping and cleaning walks; drawing groceries, etc.; unloading oats and flour from cars; drawing gravel and ashes for roads; oiling harness, and cleaning up.

April, 1894. Drawing ashes and manure; repairing main sewer; scraping and cleaning walks of snow; grading and making new walks; putting in drain pipes for the roofs of the new cottages; drawing groceries.

May, 1894. Cutting underbrush in woods; plowing, harrowing and putting in oats; picking stones and putting potato ground in good order; planting potatoes; drawing manure, ashes, coal and groceries.

June, 1894. Mowing lawn; drawing dirt to grade about lawn and reservoir; cleaning lawn; plowing land; picking stones; planting fodder corn; haying; cultivating potatoes and corn; drawing groceries.

July, 1894. Cultivating potatoes and corn; drawing gravel for drives; cleaning about buildings; plowing in garden; drawing ashes to grade lawns; drawing groceries; haying continued.

August, 1894. Drawing gravel for lawns; drawing coal; harvesting oats; digging potatoes; drawing manure; picking stones; drawing groceries.

September, 1894. Digging potatoes; harvesting corn fodder; drawing ashes to barn and pigpens; picking apples; shingling barns; unloading flour; picking stones; mowing lawn; drawing sand, gravel and brick; drawing stone for the wall for the railroad switch; drawing groceries.

Gardener's report.—The following is a report of garden produce:

Asparagus, bunches	857
Beans, bushels	142
Beets, bushels	162
Carrots, bushels	97
Cabbage, heads	9,273
Cauliflower, heads	588
Celery, heads	14,869
Corn, sweet, ears	25,139
Currants, quarts	557
Cucumbers, bushels	161
Lettuce, heads	6,195
Lettuce, bushels	498
Onions, green, bushels	150
Onions, dry, bushels	347
Parsnips, bushels	100
Peas, bushels	186
Raspberries, quarts	1,610
Salsify, bushels	15
Rhubarb, bushels	56
Tomatoes, bushels	889
Turnips, bushels	500

Florist's report.—The florist has been obliged to seed down some of the beds heretofore beautified and adorned by plants, by reason of the fact that the help formerly accorded to him was cut off. With such assistance as could be secured, he has put out upon the grounds and cared for 25,000 plants. The florist has also repaired and kept in good condition the four green-houses, and in them has produced many roses, carnations, chrysanthemums, violets and other flowers for the ornamentation of the hospitals and wards.

Engineer's report.—The engineer reports the following repairs and new work:

The new home for female nurses has been fitted throughout with steam heat, hot and cold water and gas.

The new home for male nurses has been fitted up with steam, hot and cold water and electric light.

The first, second and third halls of main building have been fitted up with spray baths, and the water sections have been wainscoted with marble six feet high.

Two new Eastlake dish sinks have been placed in cross halls of Pavilion No. 2.

A hot-water heater has been placed in the farm cottage, and necessary connections made from same. Also, additional water-closet in basement, and the old closet on second floor replaced with the latest improved flush tank closet.

Pavilion No. 1 has been supplied with new Toby hot-water boiler and 360 feet of one and one-half inch galvanized pipe run to replace old pipe for hot-water supply.

Three Bundy radiators have been placed in nurses' rooms on cross halls, Pavilion No. 1, with proper steam connections.

The new solarium added to main building has been fitted up with steam coils, and steam and return connections made.

The additions to boiler-house consist of one new 350 horse-power boiler (Hogan manufacture), set up in suitable building

constructed for the same. Eight boilers in boiler-house have been thoroughly overhauled, brickwork repaired, new water supply main run, new blow-off connections to all, connected with new three-inch blow-off main.

All steam and return mains in subway have been thoroughly overhauled, expansion joints renewed, and all old pipe replaced.

Four hundred feet of four-inch pipe have been laid in main subway, to replace three-inch summer steam main, branching off with 450 feet of three-inch pipe through Pavilion No. 1 and Talcott Hall, the same being connected to the hospitals in each building, to enable steam to be turned on when not required through rest of institution.

The large Woodward pumps in pump-house have been thoroughly repaired.

The laundry engine has been repaired and outer bearing put on crank shaft.

Two washing machines, one extractor and other machinery have been repaired in laundry.

All water-closets, wash-bowls, sinks, urinals, locks, valves, steam, gas and water pipes, machinery, lawn mowers, farm and garden implements, kitchen utensils, etc., have been kept in repair by this department during the year.

Carpenter's report.—The carpenter reports the following new work:

Main building: Six tank boards; four legs on stand; six shelves; one stepladder; front for wash-bowls; moulding and nosing in four bath-rooms; hooks and wire screens for mop closets; floor in water-closet; seats in water-closet; three boxings for bath-room closets; one chair railing.

Pavilion No. 1: Quarter roundtop in hose-closet; new clothes-room.

Pavilion No. 2: Doors and shelving; water-closet seat; shelving for boots and shoes; chair railing.

Talcott Hall: Three screens; partition in attic; bridging over pipes in attic.

Annex 1 and 2: Three shelves for electric-light stoves; shelves in clothes-room; one towel roller; chair railing; one table.

Miscellaneous: Steps in electric-light house; soap tub and soap tub bottom in laundry; dripper on sink in kitchen; closet in laundry; platform in ice-house; seven dish sinks in ice-house; two partitions in farm-house; floor in laundry; woodwork in drying-room; six bread boxes in bake shop; roofing two barns; floor in pigpens; new floor in part of horse barn; washing sink for wagons in coach-house.

Repairs of chairs and other furniture, doors, windows, and glass in halls and outbuildings belonging to the department.

Laundryman's report.—During the year 1,700,000 pieces have been washed and ironed or mangled and returned to the wards, with very rarely a loss, or even misdirection of an article.

The laundryman suggests to the trustees that in order to promote economy, as well as durability, the best indelible ink should be used for marking clothes. Where a cheap ink is furnished, the clothing has to be remarked very frequently, hence the amount used of what seems inexpensive at first is greatly increased, and the final cost is likewise increased.

Report of Canning Department.

Beans, pickled, jar	1
Cucumber, salted, pounds	10
Currant, spiced, glasses	38
Fruit and pickles, cans	232
Jelly, tumblers	100
Jelly, bowls	34

Peas, pickled, jar.	1
Plums, spiced, glasses	7
Plums, pickled, jar	1
Tomato, cans	931
Tomato, green, firkins.....	6

Appropriations.

New building for male patients (for 150)	\$80,000 00
New infirmary for female patients (for 80)	45,000 00
New boiler-house	10,000 00
Two new boilers and connections	3,600 00
Addition to laundry, fifty by eighty feet	8,500 00
Laundry machinery	5,000 00
Additions to electric-light plant.....	5,000 00
New scenery and other additions to entertainment hall.....	1,000 00
New furniture for wards and kitchen	5,000 00
General repairs, betterments and renewals.....	5,000 00
New shades for main building and pavilions 1 and 2,	1,000 00
Shops for various industries	6,000 00
Cold storage rooms and machinery.....	9,000 00
Ventilators for hospital wards (Howard & Morse method)	9,630 00
Oak floors for halls in Pavilions 1 and 2.	6,500 00
Forty cows at forty dollars each.....	1,600 00
Additional tools for machine shop	600 00

Additions to steam heating and plumbing, as follows :

Three Toby hot-water boilers for main building, Pavilion 2 and Annex 1.....	2,000 00
Two new warming tables, and repairs to apparatus necessary in kitchen.....	1,000 00
New Underwriter's steam pump for general supply and fire purposes.....	2,500 00

During the past year the trustees have made a careful examination into the present and prospective needs of this institution, and in the foregoing statement we have enumerated such appropriations as are practical, and absolutely

needed for the general good of the institution. It may be proper to explain here our reasons for requesting appropriations of the Legislature for the sums aforementioned.

(1) It is a trite but true statement that nearly all hospitals designed for the care of the poor are, as a rule, overcrowded. Overcrowding is dangerous to the welfare of the sick and those who are their attendants. Overcrowding in our State hospitals will probably continue, unless some new method of providing for the natural increase of insanity is adopted. Under the present plan we wait until our wards are full and overcrowded, and then ask an appropriation for a new building. Meanwhile the crowding continues to increase, and will do so until other buildings are furnished by the State. At the present time we have a capacity for about 1,000 patients, and we are taking care of over 1,050 cases. Even if the Legislature appropriates money for new buildings this winter, it will require twelve or eighteen months of time before the structures can be completed and seasoned and furnished and made suitable for the care of patients. During all these months our numbers will probably increase; hence the necessity for new buildings is urgent and apparent to every candid observer. We would like to put up a building for males, which shall be the duplicate of Talcott Hall for female patients. This will require an expenditure of about \$80,000.

(2) We need also a hospital building or infirmary for women patients, and this should be made to accommodate at least seventy-five patients. The cost of this building will be about \$45,000.

(3) The boiler-house of this institution, as originally constructed, was designed for an institution containing about 250 patients. This hospital now cares for more than 1,000—four times the number originally intended when the boiler-house

was erected. This boiler-house is small and inconvenient; and, more than that, it is seriously worn by time, and the effects of steam and heat. The heavy timbers which support the roof are badly decayed, and will not last much longer. This structure should be reconstructed. It should be more than twice its present height, and likewise its general dimensions ought to be extended. To accomplish this end, we estimate that there will be needed the sum of \$10,000.

(4) In the new boiler-house we shall need at least two new boilers to replace some of the old ones that are already greatly worn out, and in an uncertain and possibly unsafe condition. For this purpose we shall need \$3,600.

(5) We shall need an addition to the laundry. This structure is also too small for our present numbers, although it was enlarged somewhat a few years ago. An addition fifty by eighty feet should be made, and this will cost \$6,500.

(6) We shall also need for the laundry two metallic washing machines, one extractor, one body ironer, twelve stationary washtubs, eight gas iron-heaters, one pressure blower, with countershaft, one large steam mangle, and fifteen dry-room racks.

(7) We shall need additions to the electric-light plant—that is, we wish to light up all the buildings of the institution, including the cottage for women, the nurses' home, the superintendent's house, the carriage-house, and other out-buildings. Also, we need to add more light to the main buildings; and, again, we should run new cables overhead on poles, dividing the building into four divisions for electrical distribution. In order to accomplish this we should have \$5,000. At present the cables are run in the subway, where there is much heat and much moisture, and these are very destructive to the electric cables. Those in the subway will not last much longer, hence we must provide for new cables

run in the open air. We can not dispense with the use of gas until the electric-light plant is complete throughout.

(8) New scenery and other additions to the Entertainment Hall are required, in order to make this part of the establishment as pleasant and attractive to the patients as it ought to be. This will require \$1,000.

(9) New furniture for wards and kitchen is required, because the furniture is subjected to constant and severe wear and tear by patients; hence renewal must be frequent.

(10) For general repairs, betterments and renewals, we require the sum of \$5,000. This is about one-half of one per cent. of the value of the entire plant, and that is certainly a very moderate sum with which to keep up the general repairs and unforeseen renewals which may be required.

(11) In order to make the wards as bright as possible, we ask an appropriation for buff shades in the old buildings. These will cost about \$1,000, and will relieve to a considerable extent the gloom that pervades wards which are darkened with the old-fashioned heavy blue shade.

(12) As our numbers increase, we shall probably have an increasing number of workers—those who may not recover, but who may be able to engage in some light employment or occupation. We would, therefore, request an appropriation for shops in which some of our convalescent or chronic patients may engage in some form of skilled labor. These may not be highly profitable to the institution, but if they work benefit to the insane then they should be provided.

(13) A building providing for suitable machinery should be erected, where meats and fruits and vegetables can be preserved in what is known as "cold storage." With such a building, suitably prepared, we could take advantage of the markets, and buy goods when they are cheap, and store them for future use. Also, meats and fruits could be bought at

certain seasons of the year, when they are cheap, and kept for use as occasion demands. This will require \$9,000.

(14) While we are favored with very good facilities for window and door ventilation, there are times in the year when the open window plan of ventilation is unpleasant and somewhat risky, at which times the windows will be closed either by attendants or patients, and suitable ventilation will be checked. Therefore, it seems wise and proper that we should ask an appropriation for a ventilating apparatus which shall work systematically and automatically, and which shall insure fresh air, without strong draughts to the patients, at all times and under every circumstance. We would like an appropriation of \$9,630 with which we may provide a proper system of ventilation.

(15) We need to cover the dark floors in the pavilions with light and pleasant oak floor carpeting. The old floors are very dark and unsightly, and in some places they are badly splintered and uneven; hence they should be covered, both to make the wards seem brighter, and also to preserve what there is left of the old floors.

(16) We need forty cows to take the place of those that were slaughtered because they were infected with tuberculosis. For this purpose we ask the sum of \$1,600.

(17) In every public hospital there is a necessity for repairing and remodeling and improving the system of steam heating and of plumbing, and for this purpose we request an appropriation of \$2,000 for three Toby hot-water boilers; \$1,000 for two new warming tables in kitchen; \$600 for additional tools in machine shop; and \$2,500 for new Underwriter's steam pump for general supply.

The wage question.—During the past year there has been, in the reorganization of affairs and the establishment of the system of estimates, some marked reductions of wages. Also,

for some time past there have been no promotions of our attendants on account of length of service, or fidelity to duty, or skill in the performance of allotted tasks. This situation was peculiarly unfortunate for those who came in as new workers, and who began their labors at the minimum rate of compensation. After carefully considering this matter, the board of trustees of this hospital on the 20th of September, 1894, established the following schedule of wages and promotions, and had the following rules printed:

Rules Relating to Wages.

1. Wages of men: Twenty dollars per month for the first three months; twenty-one dollars per month for the second three months; twenty-two dollars per month for the third three months; twenty-three dollars per month for the fourth quarter of the year; twenty-six dollars per month after passing the first year's examination in the training school; twenty-eight dollars per month for non-graduates of training school in charge of wards; twenty-eight dollars per month for graduates of training school not in charge of wards; thirty dollars per month for graduates of training school in charge of wards.

2. Wages of women: Fourteen dollars per month for the first three months; fifteen dollars per month for the second three months; sixteen dollars per month for the next six months; eighteen dollars per month after passing the first year's examination in the training school; twenty dollars per month for non-graduates of training school in charge of wards; twenty dollars per month for graduates of training school not in charge of wards; twenty-two dollars per month for graduates of training school in charge of wards.

3. The present employes will not be affected by the established schedule, except to promote those in lower grades of pay.

4. Acceptance of the advanced pay shall carry with it an obligation to remain in each case at least one year longer in the service of the hospital, subject to the provisions of the agreement. For long and faithful service an increase in the pay per month may be provided in special cases.

5. In addition to the pay, attendants receive board, lodging, washing and medical care during temporary illness.

6. This schedule of wages will be carried into effect on and after November 1, 1894.

Visitations.

Aside from the regular and casual visits of the members of the board of trustees, we were, last August, honored with a visit and inspection by Governor Roswell P. Flower, who was accompanied by Colonel Judson, military secretary.

On the twenty-fifth and twenty-sixth of September the State Homeopathic Medical Society met at this institution and held sessions in the Entertainment Hall. Nearly 100 physicians and their friends attended the meeting, and every city and prominent town throughout the commonwealth was duly represented.

The members of the State Commission in Lunacy have made their usual visitations and inspections. The hospital has also been visited by numerous friends of patients and by the public at large.

During the past summer we were favored with a visit by Dr. Louis Schepen and Dr. S. Vanden Berghe, of Ghent, Belgium. They are fellow compatriots of Dr. Jules Morel, the celebrated alienist in charge of the widely known Hospice Guislain.

Conclusion.—We desire to state to the Legislature that our interest in the welfare of this hospital is unabated, even though the powers which, as a board, we formerly exercised

in behalf of the institution have been curtailed. While we believe that every great effort for good must be cohesive and systematic, and that central supervision of the right kind is wise and proper, we also believe that local self-government must continue, and that local and almost daily observation of tasks performed is a strong incentive to industrious workers.

The wisdom of the Scotch is nowhere more fully exemplified than in the established methods in Scotland of government of hospitals for the insane by means of boards of trustees who act with full authority in their respective institutions. This action is based upon a knowledge of a given hospital's need, such as can be obtained only by frequent and careful examination. The general commission in lunacy visits, inspects, suggests, collects statistics and exercises salutary oversight over the insane of the entire country. But it attempts no interference with the details of everyday work in each institution. Such a plan has been successful and satisfactory for many years in Scotland.

The Legislature, in providing for the future care of the insane in this State, under the new Constitution, might properly consider the best features of the Scotch lunacy laws.

We desire, again, to express our thanks to the officers and employés of the institution for the fidelity and persistence and energy and kindness which they have ever displayed toward the insane committed to their care.

Very respectfully submitted.

GRINNELL BURT,

President.

(2.)

TREASURER'S REPORT.

Maintenance Account.

Receipts for the year ending October 1, 1894.

Transfer from old general or contract fund	\$14,097 78	
From State treasury for maintenance	112,875 68	
From private patients	75,968 98	
From reimbursing patients	4,861 74	
From all other sources	1,271 27	
<hr/>		
Total receipts for year		\$209,075 45

Disbursements.

For salaries (officers)	\$16,500 00	
For wages	69,699 09	
For provisions and stores	74,775 23	
For ordinary repairs	2,763 63	
For farm and grounds	5,124 89	
For clothing	3,307 83	
For furniture and bedding	2,311 73	
For books and stationery	976 31	
For fuel and light	16,884 92	
For medical supplies	1,074 40	
For miscellaneous expenses	6,020 37	
For transportation of patients ...	923 18	
<hr/>		
Total disbursements during year		200,361 58
<hr/>		
Balance remaining on hand October 1, 1894		<u>\$8,713 87</u>

Old General or Contract Fund.

Balance of cash on hand October 1, 1893.....	\$23,804 33
Received from State treasury ...	\$9,265 95
Received from old debts	21,932 48
	<hr/>
	31,198 43
	<hr/>
	\$55,002 76

Disbursements.

Paid into State treasury through maintenance account	\$14,097 78
Vouchers paid during year.....	38,468 23
	<hr/>
	52,566 01
	<hr/>
Balance on hand October 1, 1894.....	\$2,436 75

Special Funds.

Receipts.

From State treasury (for extraor- dinary improvements, etc.)	\$29,892 47
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Disbursements.

Vouchers paid during year.....	23,571 25
	<hr/>
Balance on hand October 1, 1894.....	\$6,321 22

Balances.

Old general fund	\$2,436 75
Special funds	6,321 22
Maintenance fund	8,713 87

Total cash on hand October 1, 1894.....	\$17,471 84
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Recapitulation.

Balance on hand October 1, 1893	\$23,804 33
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Receipts.

Old general or contract fund	\$31,198 43
Special funds	29,892 47
Maintenance fund	209,075 45

(Includes transfer from old general
fund of \$14,097.78.)

Total receipts.....	270,166 35
---------------------	------------

\$293,970 68

Disbursements.

Old general fund (including transfer to maintenance fund).....	\$52,566 01
Special funds	23,571 25
Maintenance fund.....	200,361 58
	<hr/>
Total disbursements.....	\$276,498 84
	<hr/>
Total balance of cash on hand October 1, 1894.....	\$17,471 84
	<hr/> <hr/>

At a meeting of the executive committee, held this day, at the State Homeopathic Hospital for the Insane, Middletown, N. Y., the foregoing report of the treasurer was examined, duly compared with his vouchers and the same was found to be correctly stated and balanced.

Dated MIDDLETOWN, *December 6*, 1894.

WILLIAM VANAMEE,
Chairman.

SUPERINTENDENT'S REPORT.

To the Board of Trustees:

GENTLEMEN.—I have the honor to present my eighteenth annual report to you, and request that it be incorporated in the twenty-fourth annual report of the Middletown State Homeopathic Hospital.

At the outset, we give a general statistical table showing the numbers treated during the year, and the results attained, as follows:

TABLE No. 1.

Showing movements of population for the year ending September 30, 1894.

	Men.	Women.	Total.
Remaining October 1, 1893.....	486	492	978
Admitted during the year ending September 30, 1894.....	145	129	274
Total number treated during year....	631	621	1,252
Average daily population.....	506 ¹⁴²	514 ¹³²	1,020 ¹³²
Capacity of institution.....	500	500	1,000
Discharged during the year:			
As recovered.....	30	50	80
As not recovered....	*28	23	51
As not insane.....	1	.....	1
Died.....	*52	21	73
Whole number discharged during year.....	111	94	205
Remaining October 1, 1894.....	520	527	1,047

* One eloped improved; one died not insane; one discharged not insane, inebriate.

Recoveries and deaths.—Our wards are now filled with a large number of patients who were formerly inmates of county asylums, and who have now been in this institution for some time, and who are not likely to recover. Hence the percentage of recoveries upon the whole number cared for or treated must necessarily be diminished. When we consider, however, the percentage of recoveries upon the whole number discharged, or upon the whole number admitted, we find that the work of the year has been nearly on a par with that of some former years.

When we consider the condition of those who have died, we find that eighteen were cases of general paresis, and twenty-five were cases of terminal dementia. Thirty-seven died who were over fifty years of age; eleven died within one month after admission to the institution, and thirteen died from one to three months after arriving at the hospital.

While the death rate on the whole number treated is somewhat lower than for the year 1893, it is likewise somewhat above our general average for the past fifteen years. The cause for this may be found in the aforementioned statement relative to the deaths of paretics, of terminal dements, of persons over fifty years of age, and of very weak and exhausted patients who died within a few days after admission.

We present herewith two tables: one relating to deaths from general paresis, and one from terminal dementia.

General Paresis.

Showing age, classification and duration of treatment of those who died from general paresis during the year ending September 30, 1894.

Age.	Men.	Women.	Total
From 30 to 35 years.....	1	.....	1
From 35 to 40 years.....	.....	.....	.....
From 40 to 45 years.....	7	.....	7

Age.	Men.	Women.	Total.
From 45 to 50 years.....	4	.....	4
From 50 to 60 years.....	5	.....	5
From 60 to 70 years.....	1	.....	1
Total	18	.....	18

Public	14	.....	14
Private	4	.....	4

Duration of treatment.

From one to two months.....	1	.....	1
From one to two years	7	.....	7
From two to three years.....	1	.....	1
From three to four years	5	.....	5
From four to five years	2	.....	2
From five to six years	2	.....	2
Total	18	.....	18

Terminal Dementia.

Showing the age and duration of treatment of those who died from terminal dementia during the year ending September 30, 1894.

Age.	Men.	Women.	Total
From 25 to 30 years.....	2	1	3
From 30 to 35 years.....	2	.....	2
From 35 to 40 years.....	1	.....	1
From 40 to 45 years.....	.....	1	1
From 45 to 50 years.....	.....	1	1
From 50 to 60 years.....	3	.....	3
From 60 to 70 years.....	4	2	6
From 70 to 80 years.....	2	3	5
From 80 to 90 years.....	1	1	2
From 90 to 100 years.....	1	.....	1
Total	16	9	25

Duration of treatment.

Age.	Men.	Women.	Total.
Under one month	3	.....	3
One to three months.....	4	2	6
Nine to twelve months.....	1	1	2
One to two years	6	3	9
Three to four years.....		1	1
Four to five years.....		1	1
Five to seven years.....	2	1	3
Total	16	9	25

While it may appear in a general report that there are more paretics among the pauper than among the paying class, yet as a matter of fact we believe that many paretics who have been reduced to pauperism were once prosperous and lived high, and probably threw away or used up their fortunes under the influence of disease. Such cases have, therefore, become in their extremity allied to the pauper class, and yet they do not naturally belong there.

Those who have always been paupers seldom become paretics, because they can not get food that is rich enough, or drink that is strong enough, or ambitions that are wearing enough, or worriments that are grinding enough to produce the paretic conditions. Here is one of the gratifying compensations of poverty. Poverty of the abject kind is a protection against one of the most fatal diseases that has ever afflicted mankind. Dr. Clouston recognized this fact when he said: "The Asiatic is not subject to it, the savage is free from it, and the Irishman and Scotch Highlander need to go to the big towns or to America to have the distinction of being able to acquire it."

But while poverty may enable its possessor to skip a formidable and fatal disease, it likewise compels its victim to omit from the category of existence a long series of pleasures and comforts.

Training school for nurses.—During the past year we have had but few candidates for the training school. The work upon the wards has been so severe and continuous, owing to an increased number of patients, many of whom were very sick and required much care, that the attendants did not feel like adding to their burdens by attending lectures and studying for graduation.

In performing the new and numerous detail duties incident to the establishment of the estimate system, the medical officers were so busied and distracted that lectures were out of the question. We are now becoming somewhat inured to new toils and labors, and we propose this coming fall and winter to reestablish a course of lectures for the nurses, and likewise inaugurate clinical methods for instructing the care-takers of the sick.

In order to promote the best interests of the training school, we should have a larger number of attendants, so that we may subdivide the work in such a manner as to make study and toil a combined possibility. While 100 trained nurses could probably take comfortable care of 1,000 patients, there should be at least 125 novitiates or students in the training school to do the same amount of work.

Baseball and other amusements.—While our patients have been obliged to forego, during the year from which we have just emerged, some of the attractions which pertain to health and home, we may state with considerable satisfaction that the amusement known as “baseball” has continued without interruption at this institution. Like the mellifluous flow of Tennyson’s brook, the ecstatic inspiration of baseball “goes on forever.”

This game will draw more patients out of the slough of despond, and set their feet upon the heights of hilarious jollification.

cation than any other means known in medicine or hygiene. There is nothing else to be found in the history of games that can so effectually turn back the hand upon the dial plate of time, and make old men renew their youth, as the American game of baseball.

The following is a summary of games played by the Middletown Asylum Baseball team. This table gives the names of opposing teams, the dates of battle, and the victories achieved or losses sustained :

DATE.	Team.	Score.		Teams.	Score.
May 17	Asylums.....	15	Against ..	Waldens	2
26	"	13	" ..	Gorhams	2
30	"	6	" ..	Brightons	4
June 2	"	14	" ..	Murray Hills	0
6	"	15	" ..	New Brunswick A. A.	5
18	"	5	" ..	Cuban Giants	6
19	"	8	" ..	H. R. S. Hospital	7
25	"	4	" ..	Hempsteads	1
28	"	5	" ..	Flushing	8
30	"	1	" ..	Waldens (at Walden)	12
July 4	"	15	" ..	Madison A. C. (morning)	1
4	"	6	" ..	Madison A. C. (afternoon)	1
6	"	18	" ..	Orange A. C. (at Orange)	4
9	"	20	" ..	Minneconji	10
16	"	6	" ..	Cuban Giants	3
21	"	18	" ..	Ironides	5
27	"	15	" ..	Waldens	1
August 1	"	7	" ..	Cooperstown	10
6	"	8	" ..	Cuban Giants	7
11	"	5	" ..	Orange A. C. (at Orange)	27
13	"	11	" ..	Brighton A. C.	6
16	"	21	" ..	Genesee (at Livingston Manor)	5
27	"	14	" ..	Cuban Giants	8
September 3	"	17	" ..	Flushing	4
12	"	16	" ..	Poughkeepsie	2
15	"	6	" ..	Orange A. C. (at Orange)	9
17	"	9	" ..	Cuban Giants	10
October 12	"	3	" ..	Waldens (at Walden)	2

A game of baseball usually occupies about two hours of actual time, but the excitement preceding and following a game is sometimes continued for days and weeks in succession. In the mind of the lover of the sport there is a long continued bright anticipation before the game, and an equally long continued cheerful contemplation of the incidents pertaining to the contest itself.

When the baseball season is at an end, then other amusements of a less lurid hue are substituted.

Our patients have been furnished, as usual, with croquet, lawn tennis, checkers, chess, dominoes, halma, backgammon, billiards and pool.

Aside from amusements thus furnished, both in-doors and out, there have been given during the year, in the Amusement Hall, for the benefit of the patients, entertainments by the following dramatic companies:

Minnie Lester Dramatic Company.

Kittie Rhodes Dramatic Company.

Hickory Farm Comedy Company.

Maud Hillman Dramatic Company.

Colored Jubilee Singers.

Kickapoo Indian Amusement Company.

Musical Magnets.

Twenty-fourth Separate Company, drill.

"Flowers of the Forest" Concert Company.

Pioneer Concert Band.

Athletic drill by Young Men's Christian Association.

Twenty-fourth Separate Company, field practice.

Florida Band.

Professor Commerce's Terpsichorean Company (children).

We wish to tender our thanks to those who have so kindly afforded amusement for our patients, and to express the high appreciation in which their efforts are held by those who had the pleasure of seeing or hearing them.

The labor question.—This question has been discussed in all its various and varying phases by many writers and observers. In applying labor as a therapeutic measure in behalf of the insane, we believe that it should be carefully prescribed in each individual case; and it should be of such quality and such amount as are deemed wise by the medical officers in charge. We should not forget that public institu-

tions for the insane in this State are now hospitals, designed and equipped for the purpose of curing the sick, or at least of ameliorating both their physical and mental conditions.

The insane should not be driven to uncongenial and unhealthful tasks. They should only be encouraged to exercise in the field of occupation when such exercise is, in the judgment of a medical director, likely to prove directly and personally beneficial to the patient. The lunatic is not ordinarily a criminal, and should not be driven to heavy and degrading toil after the fashion of work-house methods.

Concerning this question, the present State Commission in Lunacy, in its first annual report, pertinently declares :

"It should be borne in mind that labor is not the primary object to be sought in an institution for the insane, although it becomes an important factor in treatment, if intelligently applied. Hence, it should only be utilized to an extent that will inure to the patient's improvement. In many cases, the performance of manual labor of any kind would be liable to destroy all chances of recovery."

While it may be well to provide each institution with suitable shops for the manufacture or repair of such articles as may be needed in each hospital, they should not be erected with a view to making any great profit out of the patients' toil, or for especially economic reasons.

The sick should be treated in public hospitals in such a way as to effect their cure. If the State assumes a charitable care of the sick poor, then the State, in equity, should likewise afford employment in a reasonable way to those who are strong and healthy, and who need work in order that they may gain a livelihood. The compulsory toils of the duly committed insane should not enter into competition with the efforts of honest and healthy working men. Some would never become insane if they

were furnished with work at all times, and at reasonable rates of compensation. Lack of employment, and poor pay while being employed, are among the causes that tend to depression, despair and insanity. The State should recognize the necessities of all her citizens, and seek to aid those who are weak and need help in a fair, impartial and equitable manner. Why should the sick be made to work for economy's sake, when there are enough healthy citizens who are able and willing to do all necessary work in State institutions for fair pay?

*Modern phases of melancholia.**—In making the report of each succeeding year, so far as the history of each hospital is concerned, we should, I believe, study and present every new or recently observed phase of disease which is being treated in that hospital. We may even observe and record facts which are old to many, but which, in the kaleidoscope of experience, present some new phase that is slightly different, perhaps, from the observations of another.

During the past few years, we have noticed, especially, a tendency to an increase in melancholia. There must be some cause or causes for this increase. Possibly the causes which produce mental distress now are different from what they were 3,000 years ago. It is quite certain that in ancient times the disease known as melancholia (deriving its name from the theory of a humoral pathology) was developed through the effects of surroundings very different from those by which we are now environed. Then humanity was isolated, and individual experiences were crude and limited. Then sorcery and "black art" sought to explain the mysteries of molecular combinations — combinations which chemistry has since satisfactorily explained. Then witchcraft was the untrained and blindly fumbling predecessor of the science of mesmeric and hypnotic forces. Then the wise men

*Read at the semi-annual meeting of the State Homeopathic Medical Society, September 26, 1894.

of the east trained themselves in the subtleties of alchemy, but they threw no encouraging light upon those paths which humanity is bound to tread. Then the emotions of faith and hope were unstirred by the sweet influences of religion, and the powers of the human imagination were exercised only in the task of conjuring up strange superstitions, and exaggerated fears for a dark and misunderstood future.

The world has moved since the days of Galileo, and the light is shining in places that were once dark. Invention has brought new comforts to the life of man, and has made all the elements of earth and sea and air the willing subjects of his autocratic sway. And yet, in the midst of modern blessings and opportunities and discoveries, in the midst of new experiences, in the midst of great chances to know and see the glories of the entire earth, we still find numerous victims of melancholia. We may find some of the modern causes of melancholia in the following statements :

(1.) With our enlarged facilities for the acquirement of knowledge there is developed, oftentimes, such an increase in the refinement of the sensibilities that we feel, more and more keenly, "The slings and arrows of outrageous fortune", when such bad fortune overtakes us. The greater the refinement, the greater the sensitiveness; hence it has been truly asserted that poets and artists, professional individuals and highly cultured men and women, are more subject to attacks of melancholia than are the duller and more stolid people who live largely in the domains of manual toil. Such toil calls for heavy expenditure of muscular effort, and very little intellectual exercise. People who work with their hands instead of their heads are often favored with good sleep at night, and feel but slightly the chills and uncomfortable surroundings of the day.

(2.) The inventions of the present age are responsible for some of the mental despair that prevails in the community

and the nation. The steam engine, the telegraph, and the telephone are some of the modern means for rapid transit and quick communication. All these form an aggregation of causes that tend to intimate association and close relationship between the otherwise isolated nations of the earth. This constant mingling with, or hearing about others, begets similarities of purpose and feeling. Rapid transit contracts the swelling stateliness of the earth, and this contraction leads to such a narrowing of the dimensions of the globe that intimacy with all its parts becomes possible. Sometimes all the pleasures of earth are tried and found wanting, and then subsequent existence leads to *ennui* and melancholy. Intimate association with one's fellows may bring joy or sorrow. If sorrow finds expression from one mouth it may touch a hundred hearts with sadness, if the intimacy is close enough.

(3.) Modern literature, whether it be of the daily, weekly, monthly or annual variety, is apt, in these times, to be of a stirring or sensational nature. Such literature is easily disseminated among the masses, and the masses are easily influenced or disturbed by what they see, or hear, or read. We shut out from the State or the nation the microbes of cholera, and the microbes of yellow fever, and the microbes of the plague. Why should we not with equal earnestness and vigor seek to shut out from the minds of the sensitive and the impressionable the microbes of melancholia or of mania, which are fed to the helpless and the unprotected through the medium of sensational literature? Our law-givers should seek to crush out, by necessary restrictive measures, the entering and rapidly increasing microbes of mental disease. These microbes are intangible; they work in hidden places, and their results come to us under other names, but their source is discoverable and they should be abolished or held in check.

(4.) Among modern discoveries, there is one which disturbs the half-educated or the superstitious, and produces numerous and distressing delusions, and that is electricity. Formerly delusions of persecution were associated with the influence of witchcraft, and sorcery, and evil eyes, and fairies, and fiends, and devils, and conjured up images of all horrible shapes and natures. Now delusions of persecution are often based upon misunderstandings concerning electricity. Victims of melancholic paranoia are oftentimes filled with the idea that the bed on which they sleep is charged with electricity by their enemies; or that the air is filled with electricity for their injury; or that wires conducting electricity are passed into and through their bodies; or electric messages of dire import from some unseen but dangerous foes are constantly being sent through their ears, thus disturbing the serenity of their minds. Thus each new invention that is mysterious in some respects has an effect upon the semi-ignorant, the semi-superstitious, and the semi-enlightened.

Whatever may be the causes of modern melancholia, we find in it a great variety of phase, and character, and atmosphere. It affects both the rich and the poor, the wise and the unwise, the skillful magician of mechanics, and even the dull clod who watches with grave suspicion the erection of telegraph poles and the stringing of wires for the transmission of thought.

As the disease is widespread, and as it affects more particularly the most sensitive and refined of people, we are appealed to with increasing frequency to offer relief to the victims of this disease.

The philosophy of modern treatment of melancholia is embodied, we believe, in the doctrine of the Golden Rule. In applying the Golden Rule treatment to the cure of melancholia,

we should realize the important fact that we have in this grave disorder a most deplorable calamity to deal with. There is nothing more pitiable on earth than the victim of an attack of melancholia. Hence, our sympathies should be aroused in behalf of that victim. But sympathy may be blind and ignorant; consequently we should not allow it to obscure our judgment, nor hinder the philanthropic purpose of affording relief.

Victims of melancholia, in ancient and also in modern times, have experienced many varieties of treatment. They have been locked up and knocked down; they have been chained, and whipped and manacled until physical torture seemed to be a striking yet natural accompaniment of mental distress. But physical torture has never been a good homeopathic remedy for spiritual despair. On the contrary, it has often served to aggravate the disease and protract its continuance.

After a trial of many strange and erratic measures, from prayers and incantations to punishments and thongs, there has been opened up at last new and better methods for the treatment and cure of such cases.

In the time of Christ, the insane man wandered at large among the mountains, and slept in caves, and subsisted upon the raw fruits of the forest. His was, indeed, "the voice of one crying in the wilderness." Then came the prison and the dungeon, with manacles and straw, with darkness and despair. Then came the asylum, which was a high-toned prison, with more light and more comfort, but still with an array of force and discipline that made the prison air the atmosphere of the asylum. Last of all, we come to what may be called the "Hospital Treatment of the Insane." Hospital treatment is the culminating application, in behalf of the insane, of everything that human intelligence can devise or saintly sympathy bestow.

Hospital treatment means the outstretching of helpful hands to lift up and encourage those who are broken in heart, and spirit, and body. It means the encouraging word that stimulates hope in the future, and the rekindling of that faith which has perished upon the ashen hearth of blight and neglect. It means the application of Good Samaritan methods in behalf of the suffering insane. It means the binding up of wounds upon the soul with the oil of brotherly kindness. It means the rescuing of the despoiled victims of insanity from the hands of fiends, and the bearing of these helpless patients to the hospitable inn where rest may be found, where comfort is assured, where nursing has become a glorious art, and where dietetic refreshment and medical treatment have been brought to the point of a refined and efficacious science. It means light, more light; it means a pleasant outlook; it means cheerful, sunny rooms, with bright, stimulating furnishings and surroundings; it means good friends, gentle hands, mild eyes, sunny smiles, and kind words that never die.

Through the portals of a hospital that is true to its great purpose of curing the sick, the victim of melancholia may enter as an apparently hopeless wreck, but in due time, under appropriate care and medication, he shall emerge in the vigor and strength of a healthy body, stimulated and inspired by a renewed, resuscitated and restored mind.

The philosophy of modern treatment of melancholia is not a narrow or bigoted dogma, but it comprises and comprehends everything that can possibly tend to the driving out from the human temple of all tendencies to disease, either of body or mind. It likewise embraces all rational measures for the restoration of health, the renewal of the vital forces, and the rekindling of all normal emotions and passions and intellectual activities within the brain, which is the citadel of the mind. This philosophy combines all those advantages and measures and purposes

which, when joined in harmonious and symmetrical cohesion, makes it possible to give an affirmative answer to the question: "Is life worth living?" Those who have fallen into and wallowed through the slough of despond, and who have been rescued by the philosophy of that physical and moral treatment which is exemplified in every true hospital for the insane, will always make a strong, earnest and favorable reply when thus questioned; and some of them have asserted to me that they never knew until they recovered from an attack of melancholia, by benign and favoring means, what a glorious thing human existence is. To be cured of past sorrows and shocks, and to be fortified against their recurrence by thorough physical regeneration, and by the acquirement of a strong philosophical purpose to make the best of everything, is indeed to become a new creature. He who is thus made new has been most assuredly reattuned to all the inspirations and glories of life — a life that should be made practical and enjoyable to one's self by achieving good works in behalf of others.

We append herewith a few cases compiled from the case-books by Dr. Clara Barrus. Four of these cases were victims of acute melancholia, while three of the patients suffered with chronic melancholia, and recovered after having been in the toils of disease for more than seven years in each case. The condition of each patient is briefly described; also the practical measures for relief, and likewise the names of the medicines administered.

No. 1. (Case Book No. 3919.) Acute Melancholia. Age, fifty; American; housewife; married; no children; brother insane, and committed suicide. Admitted July 10, 1893; discharged recovered September 28, 1893.

Patient had attempted suicide previous to admission. Said her soul was lost; has not slept well; walked the floor all night. Was very restless and resistive on entrance, and extremely weak;

starved odor to breath and expression of terrible apprehension on face all the time. Had to be put in protection sheet, as she would not remain in bed; was afraid of everything that was done for her; if her bed was touched, she thought there was some hidden harm in the act. Said there was a well of burning oil, and that she knew the nurses were going to put her in it. Trembled all over; tongue trembled when protruded; talked to herself a great deal; begs us not to poison her, and thinks that every one is in league to harm her. Worries after the doctor has taken her pulse, for fear some evil will come of it. Refused food, and had to be fed with the tube for several weeks most of the time; very constipated. The enforced rest in bed; the abundance of warm, liquid nourishment which she was obliged to take, even against her will; the rubbings with cocoanut oil, and the systematic relief to the bowels by the use of large, warm-water enemas, together with such remedies as Ignatia, Aconite, Stramonium, Arsenicum, Gelsemium, and Belladonna, resulted in a complete recovery in three months, although the patient came to us in a half-starved and terribly run-down condition, in addition to the extreme mental distress with which she suffered.

No. 2. (Case Book No. 3908.) Acute Melancholia. Age, forty-five; American; housewife; married; one child. Admitted June 26, 1893; discharged recovered September 6, 1893; insane uncle and nephew.

Patient had a similar attack some years ago. Menses became irregular, and patient feared she was pregnant; was taken to a physician who said she had a uterine fibroid. She then became very depressed, and finally asked to be sent here. Talks rationally but is very nervous; worrying and crying a great deal; thinks her husband is very ill; says she feels "all turned round." Apprehensive of some unknown, indefinite danger;

starts at slightest noise; says she wants to die; sees people on the ceiling during the night, and they tell her to be good, but she can't. Has a good deal of vesical irritation; has dreams in which she hears people say that her people must all go to hell; asks for a gynæcological examination, and is much relieved when assured that there is no tumor. Uterus is, in fact, undergoing the atrophy of the post-climacteric period, and there are no signs of a tumor in the pelvis or abdomen. The apprehension and mental confusion disappeared in less than one month after admission, and in about two months time she was discharged recovered.

Remedies. — Ignatia; Calcareo Carbonica; Sepia; Cantharis; Arsenicum.

. No. 3. (Case Book No. 3820.) Acute Melancholia. Age, forty-three; American; housewife; married; three children; three miscarriages; insane grandfather; assigned cause, heredity and climacteric. Admitted March 14, 1893; discharged recovered September 30, 1893.

On admission patient was very depressed; had threatened suicide as well as homicide; said it would be better if her husband and children and herself were all dead; had lost all interest in home and friends and household duties; said God would not hear her prayers; that she has no Saviour; and that she was the cause of all her husband's business reverses. Had been troubled with insomnia for some time before admission; this continued the greater part of her stay in the hospital. Has had almost constant metrorrhagia for past four or five months previous to coming here. Memory very poor; constipated; gets very "fidgety" in legs and feet at times; thinks she is in jail because they lock the doors; says she has no husband, home, child, nor God any more.

Patient was put to bed on entrance on account of extreme weakness from the almost constant and excessive uterine

hæmorrhage; had a great deal of backache. Uterus was found to be much enlarged and retroverted; cervix hypertrophied and extensively eroded. A constant tenacious, glairy discharge from cervix; the patient was treated locally about twice a week and with the aid of hot vaginal douches and the genu-pectoral position, the uterine condition became very much ameliorated, and the menstrual flow became more regular and less profuse, and the physical and mental improvement were very marked in three months' time. Patient gained in weight; became more and more cheerful; interested in surroundings, and in hearing from her husband and friends. Through the early part of her illness, however, an obstinate wakefulness, especially after 8 A. M., troubled her. She left the hospital six months after entering it, restored to physical and mental health.

Remedies.—Trillium; Ipecacuanha; China; Calcarea Carbonica; Hamamelis; Sepia; Sulphur; Belladonna; Zincum; Avena Sativa, and Passiflora.

No. 4. (Case Book No. 3823.) Acute Melancholia. Age, 46; American; housewife; divorced widow; no children; several miscarriages. Admitted March 18, 1893; discharged recovered April 28, 1894; no known heredity.

On admission was depressed and suicidal; constantly asserting that she had blasphemed God in her thoughts; that she had never done anything right in her life; that her bowels were closed up, the urethra also; and that all food taken remained in her bowels. She was extremely restless, prayed a great deal; said she caused the diseases of all the patients in the hospital; said she was a leper, and that she ought to go away somewhere in the woods; told the doctors she would buy the pillows and blankets which she had used here, so that no one else would be infected by them. Thinks a very offensive odor emanates from her body, which injures everybody here; thinks she poisons everything she touches. She suffered several months from these

depressing delusions, but they gradually disappeared, and she spoke of them laughingly as "works of the brain and the devil." After about thirteen months in the hospital she was discharged completely recovered.

Remedies.—Aconite; Lycopodium; Pulsatilla; Hepar Sulphur; Nux Vomica; Colocyynth.

No. 5. (Case Book No. 171.) Chronic Melancholia. Age, 42; Canadian; housewife; married. Admitted June, 1875; discharged recovered May, 1879; no heredity known; assigned cause, death of two children; depressed between three and four years before admission.

On entrance had hallucinations of hearing and sight, and suspicion of poison. Thought the ceiling was about to fall on her; went about either with head hung down, or shaking it from side to side. Destructive of clothing. Had difficulty in controlling vesical sphincter. Had abundant and offensive saliva and perspiration most of the time. Would not answer questions rationally, and would only converse on one subject—the death of her children. After two years of such conduct, there appeared a gradual improvement. She began to be more concerned about her personal appearance, though she still hung her head most of the time; said this was hell and we were all devils. She daily began to take more interest in things, wrote sensible letters home, and began addressing the nurses by their names, having previously called them imps and devils. She finally spoke of some of her former ideas as having been delusions, and gradually became restored to mental and physical health.

Remedies.—Causticum; Mercurius; Nux Vomica; Iris Versicolor; Ignatia; Phosphorus, and others.

No. 6. (Case Book No. 22.) Chronic Melancholia. Age, 29; single; American; music teacher. Admitted July, 1874; dis-

charged recovered August, 1883; no known heredity only cause assigned was overwork and care and anxiety, connected with severe illness of her sister.

On entrance patient was restless, moody and irritable. Complained of pain in back and sides of head, ringing in ears, burned feeling of tongue, numbness of body, etc. Constipated; despondent; "I don't see any use in living any longer, since I can do no good to any one." She imagined every one to be talking about her; said her food had no taste; said the medicine made her worse. She expressed frequent doubts of the assurance of God's mercy and power; doubts everything; easily moved to tears. As time passed, various other depressing delusions presented themselves; she felt herself "responsible for the sins of the whole world." She thinks her sister is dead, or at times hears her voice in the building as though in distress. She thinks there is a devil inside her; dreams of friends in trouble, and her dreams seem real during the next day. Says there are two voices contending within her for the mastery. This mental condition persisted for nearly ten years, with short periods of amelioration, when she became cheerful, talkative, and less self-absorbed. During all this time there was an irregularity of the menstrual function, there being amenorrhœa for nearly a year at a time, the establishing of the flow being always attended by mental improvement. Her delusions were for the most part of a depressing nature; she, however, had occasional ones of an exalted character, at one time presenting a bill of \$125,000 for musical services rendered during the previous four years in the institution. During the years 1882-3 there was a gradual mental improvement; a steady gain in weight, from eighty-six to 105 pounds; and on August 27, 1883, after an illness of over ten years, nine of which were spent in this hospital, the patient was discharged recovered.

Remedies.—Platina; Graphites; Natrum Muriaticum; Helleborus; Pulsatilla; Aurum.

No. 7. (Case Book No. 1241.) Chronic Melancholia. Age, 47; American; housewife; married; three children; mother insane. Admitted December 28, 1882; discharged recovered September 30, 1889; assigned cause heredity and worry.

On admission was very suicidal, very weak and emaciated. Irregular menses; moans and groans; says she is ruined body and soul; says she first forsook God, then God forsook her. Says she is ruined by over-eating, and the food can never leave her body. Insomnia most of the time. Forced feeding was resorted to till she became willing to eat, after that she ate ravenously; ate nineteen pieces of bread at one time. Was determined to kill herself; begged nurses to cut her throat; bit her own arms and shoulders terribly; threw herself on the hot radiator, and tried in every way to destroy herself. Later she presented maniacal symptoms; became noisy and violent, profane, obscene, destructive and filthy. Was very noisy, at night especially. She remained in this condition year after year, till during the year 1888 she again became depressed; was timid and apprehensive but showed more tendency to become industrious. Became more tidy and more docile in every way. For some time showed a confused mental condition, a poor memory, repeated herself frequently in conversation, but on the whole showed a steady physical and mental gain, and was finally discharged recovered after a stay of seven years in the institution.

Remedies.—Veratrum Album; Arsenicum; Cannabis Indica; Nux Vomica; Stramonium; Agaricus; Aurum; Helleborus; Lycopodium; Ignatia; Antimonium Crudum; Camphora.

Most of these cases of melancholia come to the hospital in a deplorable condition. They have usually suffered from prolonged insomnia; they have refused food until they are exhausted and emaciated; their breaths are usually foul, and

have the peculiar odor which we style the "starved breath." Their bowels are usually, almost invariably, constipated, and require persistent and systematic efforts to effect a complete evacuation, and establish regular habits in that respect, the patient either being too indifferent to attend to those wants, or else refusing to allow their bowels to move from some delusion that such an act would be displeasing to God. They have worn themselves out by walking, or constantly moving about; their feelings toward their nearest friends have undergone complete transformation, consequently the removal from home and from home influences, the enforced rest in bed, the abundance of hot, nourishing, liquid diet which they are encouraged, or, if refusing, forced to take; the attention paid to the bowels, and the benefits accruing from the passive exercise of the muscles by means of massage, together with pleasant surroundings and thoroughly hygienic conditions, result in the recoveries which are so satisfactory to the friends, the nurses, the physicians, and to the patients themselves.

Experiences with critical yet curable cases.—The people who erect and foster our State hospitals are anxious to know something of the results attained. These may be stated in a general way and in tabular form, to the effect that so many have been housed, and so many have been fed, and so many have been worked, and so many have recovered, and so on, *ad infinitum*. But in addition to these general tabulated statements, we may, I think, now and then, profitably consider the means and measures used for curing a given case, where a human life has hung for a season trembling in the balance, and where with the means at hand gratifying results were attained.

In section 4, under the general head of "Essays by Members of the Medical Staff," Dr. Ashley, whose paper is entitled, "A Synopsis of Critical Cases," has compiled the histories of twenty-one critical cases; and he has also portrayed the practical measures employed in each case for the cure of the patient.

These cases are not presented in any boastful spirit, but for the information of those who are interested in a noble work. We take it for granted that similar cases in other hospitals have been treated with successful results. Yet there may be some features of the treatment here which are individual to this hospital. We venture to express the hope that the individual experiences of each hospital may be more fully portrayed and elaborated in coming than in past reports.

Our future needs.— We are anxious to continue the means adopted at the Middletown State Homeopathic Hospital for the care and cure of curable cases. We do not pretend that such means are inexpensive or cheap; nor should they be furnished or doled out by penurious hands. If we would do our best for every curable case, and likewise for those who may be hopeless and incurable, we must have proper and ample means for attaining the desired end. We, therefore, present a petition to the trustees, to the Commissioners in Lunacy, and to the Legislature for more attendants, for larger and better facilities for educating such attendants, for better compensation for all our workers, and for abundant, unstinted, liberal and suitable means for surrounding our sick patients with every necessary and appropriate comfort and consolation.

We regret the necessity for appealing to the Legislature for means with which to care for and relieve our patients, but the fact is, our resources for paying satisfactory wages to our workers and attendants upon the wards have been considerably reduced during the past year. This may mean a reduction in the quality of our workers. We can get better help for thirty or forty dollars per month than we can for twenty dollars. I do not believe that the people, when they understand the situation, will want any lowering of the standard of care by means of a reduction of the wages of our attendants, thus compelling us to employ cheap labor in our wards. It is certain that when the

friends of an insane patient bring him to this hospital, they always speak for and plead for the best that can possibly be had. It is a certainty past argument that the best quality of a good thing costs more than that which is of a medium or inferior quality. No intelligent patient can claim that the attendants upon the sick in any of the hospitals in this State have ever been overpaid. On the contrary, it is generally considered, by thinking men and women, that the pay of attendants and nurses is inadequate, and not comfortable with the trying and toilsome duties imposed upon them. They must work from 5:30 o'clock in the morning until 9 o'clock at night. They must be constantly on duty and ever alert, in order to prevent those who have lost their self-control from injuring themselves or others. If the best, and wisest, and most sympathetic, and most careful, and most intelligent nurses are to be secured, they must be paid such stipends as will enable them to live in reasonable comfort, to lay up a little something for a rainy day, and to maintain a fair degree of self-respect.

That our attendants should be well paid, and can be without distressing the taxpayers of this State, I present the following in evidence: There have been cared for at this hospital during the past year, about 250 private patients. These, and some reimbursing cases, have paid into the hospital treasury the sum of \$80,830.72. Surely, those who pay so much toward the general running expenses of the institution are entitled to the care of skilled nurses, secured by the payment of good wages. And the nurses who take care of such cases are justly entitled to the wages which the friends of their cases have actually paid into the treasury. Such funds should not be diverted from their legitimate use by any specious plea that wages should always be the same in hospitals where all are paupers,

and in hospitals where nearly one-half of the revenue is derived, not from the State, but from the pockets of those who are self-sustaining. •

During the past year this hospital has received from the State treasury for salaries, wages and maintenance the sum of \$112,875.68. The average number of patients for the year has been 1,021. The cost, therefore, to the State treasury, during the year ending September 30, 1894, has been two dollars and twelve and one-half cents per week for each patient. The balance of expense for maintaining all our cases comes from the friends of private patients. The *per capita* cost for board, clothing and care of all cases has been three dollars and sixty-five cents per week. Hence, it appears that our private and reimbursing patients have paid into the State treasury sums amounting to one dollar and fifty-two and one-half cents per week *per capita* for every patient, both public and private, the total amounting, as we have already stated, to \$80,830.72. Such being the facts in the case, we are, I think, justified in claiming that private patients have a right to receive such care and such board as the sums paid in by their friends would warrant.

The fact is, then, that the friends of private patients have paid enough into the treasury to afford good wages to the attendants who care for them. We believe that every dollar paid into the treasury of a State hospital, whether from the pockets of private patients or from the pockets of taxpayers, should be honestly, carefully and equitably expended. But we believe, also, that the State has no right to take money from a private patient, and then refuse to give that patient dollar for dollar in value for the funds paid in. We reiterate that this commonwealth is under obligations to care for and protect all the insane as her wards, because they have been bereft of the use of their reason, and have lost

the power of caring for themselves. This wardship should extend to every insane person, whether that person has been thrifty in the days of health, and has acquired enough to live on while sick; or whether that person has been thriftless and drunken, and has thus become a vagabond without means for care and self-support.

If we are to continue to receive patients whose friends desire for them homeopathic treatment, and if we are to continue to care suitably for those already under our charge, we must have larger hospital facilities. We need more buildings in order that patients may be distributed according to proper classification throughout the various wards, and without overcrowding to the degree of irritation and injury by overmuch contact with each other. We should have a new hospital building for male patients, and likewise an infirmary for women patients. With more hospital facilities we shall need more help who should have better wages, and with good workers there should be furnished every variety of nourishing food with which to tempt the appetites of the weak and sick and lure them back to the realms of happiness and health.

Essays by members of the medical staff.—It affords me pleasure to state that essays upon interesting and vital and medical topics have been prepared by all of my assistants and are herewith most appropriately incorporated into this report in section 4, under the head of "Essays by Members of the Medical Staff." The following are the titles of the papers and the names of the authors:

Paranoia—Dr. George Allen.

Ancient and Modern Treatment of the Insane—Dr. C. Spencer Kinney.

General Paresis mistaken for Chronic Alcoholism; a case—Dr. Daniel H. Arthur.

A Synopsis of Critical Cases—Dr. Maurice C. Ashley.

Gynæcological Disorders and their Relation to Insanity—
Dr. Clara Barrus.

Contribution to the General Pathology of the Insane—
Dr. Ales Hrdlicka.

I commend the readers of this report to a careful perusal of the aforementioned essays.

Acknowledgments.—We desire to express our gratitude to the trustees of this hospital for their continued encouragement and support, and likewise for the considerate advice bestowed upon us in the management of the institution intrusted to our charge. We likewise wish to express our appreciation of the efforts of our assistant physicians, whose work has sometimes been arduous, but it has been performed with such a spirit of willingness and zeal that the appearance of fatigue or dislike of duty has found no expression in any manner.

I wish also to acknowledge the fidelity and perseverance of the steward and his assistants, of the supervisors and nurses, and also of the engineer, the carpenter, the farmer, the gardener, the florist and the *chef de cuisine*. To every loyal worker who has faithfully performed his or her duty during another semester of twelve months, I venture to express both my thanks and my grateful appreciation of their multifarious and untiring efforts.

We are under obligations to the editors and proprietors of the Middletown Times, the Middletown Argus, and the Middletown Press; the Independent Republican of Goshen; the Warwick Advertiser; the Tri-States Union, of Port Jervis; the Gazette of Port Jervis; and the New York Medical Times, for the generous donation during another year of papers and periodicals to our patients.

• The following-named clergymen have from time to time offered religious consolation and inspiration to our patients.

Reverend Father McClancy, Reverend Father Lenes, Reverend Dr. Beattie, Reverend Dr. Robinson, Reverend David J. Evans, Reverend Dr. Gordon, Reverend J. D. Phelps, Reverend John Cochran and Reverend Messrs. Heath and Norris. The consciousness of sacred duty well performed is the only reward that needs to come to such devoted and untiring workers in the field of the Master.

The choirs of several of our city churches have furnished music to our patients, and we fully appreciate their kindness and self-sacrificing devotion to a great and noble task.

And to Him who is our Creator, our Master, and our Leader, we ascribe most heartfelt thanks for his care of us all during the year that is ended, and we pray for his direction and guidance and protection during the years that may lie before us.

Conclusion.—The fortunes of the past are fixed and unchangeable; the fortunes of the future may be shaped by present effort, and by persistent determination to accomplish all that we can for the sick confided to our care. The fortunes of the past of this hospital are known to many men; the fortunes of the future will depend upon the purposes and the efforts not only of the workers here but of the friends of this hospital throughout the State. We can assure the people that the workers at this institution will continue in earnestness, in zeal, in fidelity to our trust, and in patriotic love for the work we have undertaken, so long as our strength may last. All we ask is that the people may properly appreciate the work which is being performed here in behalf of the sick, and that the friends of this hospital may aid us in continuing this work by encouraging words, and appropriate efforts in sustaining our hands.

Very respectfully submitted.

SELDEN HAINES TALCOTT,

Medical Superintendent.

(4.)

ESSAYS

BY

MEMBERS OF THE MEDICAL STAFF.

PARANOIA.*

By Dr. GEORGE ALLEN.

Paranoia is a term which has come into use during recent years to describe a common form of mental disease. The term has been of occasional use for years, but in a vague and ill-defined manner, and only recently has its meaning and acceptance become well defined. Its derivation is from two Greek words — *παρά*, “near to,” and *νοέω*, “to be wise,” implying that the subject of paranoia was “near to” or had narrowly escaped the possession of wisdom. Etymologically, however, the term is rather descriptive of insanity in general than of any particular form. Paranoia may be defined as systematized insanity or systematized delusion, this being the one universal characteristic of the disease admitted by all authors.

Paranoia is, in the main, synonymous with the following terms which different writers have used to describe practically the same disease, viz.: Monomania or monopsychosis (Clouston); delusional monomania (Spitzka); partial delirium (Bra); *primäre verrücktheit* (Griesinger); *delire systematisé* (Morel); *monomanie intellectuelle* (Esquirol); *paranoia universalis* (Arndt); *chronische wansinn* (Schüle); *paranoia originaria degenerativa* (Morselli).

With the exception of the English, however, most writers upon insanity are gradually concurring in the adoption of the name paranoia as a general and embracing term for all the systematized insanities. By the term “systematized” is meant insanity char-

* Read at semi-annual meeting of the State Homeopathic Medical Society.

acterized by delusions of a systematized nature; *i. e.*, in the language of Spitzka, delusions which "have a complex logical organization" which are "plausibly based, elaborately expressed," and susceptible of skillful defense by the person holding them; *e. g.*, A patient, who was for years an inmate of this hospital, believed that he was persecuted by the Jesuits, whom he accused of making repeated attempts upon his life by poison, and thwarting all his business enterprises, and finally of securing his incarceration in an asylum upon false charges of insanity, because they knew him to be a man of great literary and scientific ability, and they were determined that he should succeed in nothing so long as he refused to join the Roman Church. His delusions of persecution took a variety of forms during a period of nearly forty years, but were always firmly held, the supposed reasons therefor clearly stated, and, supposing his premises to have been correct, no fault could be found with the logical process by which he convinced himself of the correctness of his position. The delusions of other forms of insanity are, as a rule, unsystematized; they are illogical, having no basis of plausibility. They are often expressed in a confused and uncertain manner, and the patient can not argue with any skill or show of reason in their defense, but merely reiterates his false beliefs in the face of the most convincing proofs of their falsity; *e. g.*, A case of melancholia who persists in believing that his bowels are obstructed, and that nothing passes them, though having regular daily evacuations, is the victim of an unsystematized delusion.

Most authorities hold that paranoia is a chronic form of insanity, and though Westphal has described an acute form, other competent observers have not concurred in recognizing an acute variety of the disease.

Some writers maintain that paranoia is always a primary form of insanity, while others affirm that it is always secondary to mania or melancholia. Still others, and this is evidently

the correct view, believe that while it is often primary it may occur as a secondary form. Some Italian writers would classify all forms of paranoia as secondary, because they hold that the primary cases are always hereditary, and are, therefore, really secondary to an insanity or neurosis in some ancestor.

Clouston says the disease may arise in four different ways:

(1.) It may be the gradual evolution of a natural disposition — a proud man becoming insanely and delusionally proud; a naturally suspicious man becoming insanely suspicious.

(2.) It may be secondary to mania or melancholia, remaining as the permanent brain result and damage after these forms of insanity have subsided. Such cases seem to recover up to a certain point, but no further.

(3.) It may be due to the action of alcoholic or syphilitic poison upon the brain and body, or to traumatism of the brain, to sunstroke, or to gross lesions.

(4.) It may arise from perverted organic sensations in constitutional diseases characterized by lack of trophic power and brain anemia, notably, tuberculosis.

He further says that there is usually a predisposition to insanity in these cases.

Spitzka agrees with these views in the main, believing that the disease usually develops on an "inherited taint of insanity or a transmitted neurotic vice." He also thinks that great emotional strain, and the continual harping of the mind on one subject may be an important factor in its etiology.

There occurs in some cases as a primary or developmental stage of the disease a period of introspection and self-examination — a sort of hypochondrical stage in which the patient feeling that something is wrong is disposed to look within for the cause. He accordingly analyzes his feelings, studies his functions, and is disposed to exaggerate any physical or mental

peculiarities or defects which he may note in himself. Paranoia is, however, not often recognized in this stage. But it is not improbable that cases of hypochondrical melancholia, if their history were carefully followed, would be found to develop into well-marked cases of paranoia. It is, therefore, well to bear this possibility in mind in examining cases of insanity which show an exalted personality, with hypochondrical tendencies. Cases thus beginning gradually develop delusions of persecution as an explanation of their supposed sufferings. Paranoia is usually first recognized as such in the stage when delusions of persecution become most pronounced.

Sanders, in 1868, first described inherited or degenerative cases of paranoia under the name of "originäre verrücktheit." Such cases show certain somatic signs or stigmata indicating a defective or unstable nervous and mental organization. Among these are asymmetrical cranial development, one-sided bodily defects, strabismus, lack of musical sense, inability to pronounce certain consonants in childhood, and in general bodily defects similar in kind, though not in extent, to those which characterize imbecility. Often, too, these persons show precocious and unusual intellectual ability in certain directions similar to that which is seen in some imbeciles. In both instances, the manifestations are those of imperfect development or unstable nervous organization, usually the result of heredity. These ill-balanced and erratic individuals seem often to have narrowly escaped the possession of genius. W. W. Ireland in "The Blot on the Brain" and "Through the Ivory Gate" discusses numerous great historical characters whom he believes to have been insane, some of whom might be classed as victims of paranoia. As children these cases of heredity which afterward develop into paranoia are peculiar. They are considered as "queer." This may cause them to be unpopular, and lead to their being much

by themselves. They are given to musing and dreaming; they read much in a miscellaneous and desultory way. They are usually egotistical, impressed with their own importance, easily angered, given to violent outbursts of temper. Naturally suspicious, their treatment by others, whether real or imaginary, increases their suspiciousness till the condition becomes a morbid one. This condition once inaugurated finds abundant material for growth on every hand. His diseased imagination sees actions which he deems suspicious in every passer-by, in every conversation he finds a hidden meaning, till finally he comes to believe himself a victim of organized persecution. Around the central delusion of persecution once firmly established in whatever variety of the disease, he may arrange his ideas in ways which give rise to the different forms of systematized insanity described in the books. One finds an explanation of his supposed persecutions in "celestial or diabolical intervention," and he becomes a so called "religious paranoiac;" another his explanation in the love of some "ideal or earthly beauty," and he becomes a case of "erotic paranoia;" imaginary offenses against conjugal felicity give rise to "jealous paranoia," and so on. Each, starting from the original central delusion of persecution, may develop any one of the different forms of the disease, according to the explanation which he adopts to account for his imaginary discomforts; and yet the disease in all is essentially the same, having been evolved out of the systematized delusion of persecution common to all.

As the disease progresses hallucinations are likely to arise; in fact, hallucinations may be among the early manifestations of the disorder. Any of the senses may be involved, but hallucinations of hearing are commonest, those of touch and smell are less frequent, and the visual are quite rare, their presence being denied altogether by some observers.

The auditory hallucinations may be the basis of the patient's delusion; *e. g.*, he may believe that he is a prince, an emperor, or a prophet because he hears a voice which tells him that he is. His hallucinations coincide with and confirm his own egotistical notions, and furnish him with an explanation for the persecutions which he believes he suffers, *viz.*, the jealousy of his enemies on account of his exalted rank. His actions are made to harmonize with his false beliefs. His faith, in the voices which speak to him, increases because he believes that they interpret to him the will of a higher power, and as this belief becomes fixed, his obedience to the voice becomes absolute and implicit. He will obey commands thus received, even though involving a homicidal attack upon his dearest friend. He comes to believe that he is not subject to those moral and civil laws which are binding upon the rest of mankind, but that he is guided by that higher power which is the author of all law. He comes practically to believe himself sane, and all the world beside insane. We can readily see how dangerous to society this class of insane persons may become. There is no act, criminal or otherwise, to which they may not be impelled under the guidance of their delusions. Their false beliefs become absolute and dominate them without reserve.

The delusions of the paranoiac may be reduced to two, giving rise to the two recognized forms of the disease, *viz.* :

- (1) Paranoia, with delusions of persecution.
- (2) Paranoia, with delusions of ambition or grandeur. The latter has been subdivided into:
 - (a) Religious paranoia.
 - (b) Erotic paranoia.
 - (c) Jealous paranoia, etc.

Delusions of persecution and of grandeur may be associated primarily, or the ambitious delusion may arise as a logical out-

come and explanation of the delusion of persecution. He believes he is persecuted, therefore he must be great ; or he believes he is great, hence his persecutions. In either case his greatness is assured, and his supposed persecutions explained. His hallucinations do not by any means always confirm his belief in his greatness, but if not, they usually add to his persecutions. He hears vile names applied to him, people on the street mock at him, the cough or sneeze of a passer-by is a signal of his enemies, and means harm to him, therefore he argues that he is a person of importance of whom others are envious, and whom self-interest impels to compass his suffering and death. If he lives in a monarchy some fancied resemblance to the reigning family leads him to believe that he is of royal blood, and thus an explanation is furnished which satisfactorily accounts for his persecutions, and at the same time flatters his egotism and self-love.

And so in countless ways arise delusions of pride, ambition or grandeur. When this stage is reached, there occurs what seems like an actual transformation of personality. The patient actually believes that he is the exalted personage that his hallucinations or false logic tell him that he is, and he accordingly assumes the bearing, the air of command, and the manners, and even the dress of the king, general, prophet, or Messiah that he believes himself to be. And with it all there comes to him a feeling of satisfaction amounting almost to exaltation, in place of the previous condition of annoyance and depression which he suffered on account of his supposed persecutions. But these states of depression and exaltation differ from the similar states that characterize mania and melancholia. The exaltation of mania is accompanied by excitement, incoherence and a general carelessness of manner not witnessed in the logical, self-satisfied demeanor of the paranoiac with exalted delusions. On the

other hand, the depression of melancholia has its center in self and one's own shortcomings, while that of the paranoiac is occasioned by the supposed misconduct of others.

The paranoiac's belief in persecution is not always at the outset clearly defined, either as to its source, character or purpose. A vague belief that people for some unknown reason are harming him in some way not clearly understood may be all that the patient will admit, but sooner or later his false beliefs take a fixed and definite shape. The patient's place of residence, the times in which he lives, his education and moral and religious training may have much to do with determining the character which his delusions assume. Since the use of electricity has become so general, paranoiacs have come to entertain delusions of persecution by this agent, believing that wires run into their rooms conducting electrical currents for their torture. They believe that they hear voices speaking to them by telephone, or they have heard of mind reading and the like and they believe their thoughts are known to others, or that others influence their thoughts, compelling them to think vile thoughts, or presenting vile pictures to their minds, or forcing profane and obscene speech from their lips. In former days, when demoniac possession and the influence of witches were matters of common belief, delusions upon these subjects were more frequent; and there are, even now, patients in this hospital who firmly believe that they are persecuted by witches, and in an adjoining county a homicide was recently committed by a son in order to rid his father of supposed persecutions by witches.

Some bodily irritation, due to a pathological condition or possibly to hallucinations of touch, may determine the direction of the paranoiac's delusion. Thus an abdominal tumor may, by the irritation of its growth, lead a woman to believe that she is pregnant, and from this, if a virgin, she easily acquires the belief that her condition is due to some angelic or satanic

visitant. Other female paranoiacs imagine that they are ravished by men who visit their couches at night, and by making specific charges of this kind against particular individuals may cause much trouble. Male paranoiacs who suffer from seminal losses often acquire the delusion that their substance is being taken from them by malign influences, and are very revengeful against those whom they believe to be the perpetrators of this sort of persecution. Paranoiacs are often impelled to make a change of residence in order to escape from their supposed persecutors. They move from place to place, gaining at times temporary respite from their troubles, but eventually, as a rule, some overt act or peculiarly insane manifestation leads to their apprehension and confinement. Under restraint, recognizing the necessity of self-control, they are often able so effectually to conceal their true mental condition as to deceive experienced observers. In this hospital paranoiacs have so effectually concealed their delusions for weeks as to defy the efforts of the entire staff to discover them. Time and careful observation will, however, usually make manifest the insanity which they are trying to conceal. The greatest care should be exercised in setting at liberty these patients, particularly if they have ever shown dangerous or homicidal tendencies.

Paranoiacs are sometimes the subjects of imperative conceptions which are beyond their control, and may lead them to the performance of certain acts. These are sometimes harmless, and attract attention only on account of their eccentric character. Of this class, the great Samuel Johnson was a notable example, and often upon the street, and in the presence of others, would go through certain strange motions, to which he seemed to be impelled by some powerful impulse. His was a harmless imperative conception, but not all are of this kind. With some there is a homicidal impulse, with others an impulse to burn or destroy

property. While with others strange sexual perversions exist to the practice of which their victims are impelled by these controlling morbid influences. These influences should not be exalted into forms of insanity *per se*, as has been done by some writers who speak of homicidal mania, pyromania, kleptomania and the like. These are merely symptomatic indications showing the directions in which the impulses of a lunatic may lead him.

Spitzka says that paranoia, or, as he calls it, "monomania," includes at least one-fourth of the chronic insane population. Certainly there can be no doubt that in its wider sense paranoia furnishes a large and important part of the chronic insane population of any country.

The prognosis in paranoia is, as a rule, unfavorable. Those cases which show physical signs of degeneration may have remissions, but recovery is hardly to be looked for; nor in any form is treatment likely to be of avail, except in the earlier stages. If recognized early the physician may possibly, by wise, kind and judicious management, so gain the confidence of his patient that he will listen to advice which, if kindly and wisely given, may assist the patient in surmounting his false beliefs. As a rule, however, argument and entreaty are alike of no avail, and only serve to place the one giving them in the ranks of his so-called persecutors.

It is not common for paranoia to terminate in dementia, though it may do so, and some degree of mental failure may be apparent after the disease has existed for years. As a rule, however, the disease when once established remains without special change for long periods of time.

The diagnosis of these cases finds its only difficulty in the reticence and concealment of his delusions by the patient. If the patient can be induced to talk freely of his beliefs, the recognition of the disease becomes an easy matter.

Treatment should be directed primarily toward the preservation of the patient from the dangerous acts into which his delusion may lead him, as well as the preservation of society from the acts of the patient. This necessitates his seclusion in some hospital or retreat where he may be subjected to regular habits and methods of living, and surrounded by such judicious means of control as are lacking in himself.

The careful study of the patient's symptoms and the administration of the proper homeopathic remedy should not be neglected.

The following are some of the mental symptoms which seem to indicate the usefulness of the remedies named in paranoia:

Aconite.—"Ideas haunt the patient; he can not get rid of them. Ideas seem to come from the stomach." Here we have apparently the fixed and annoying ideas of the paranoiac, with the location from which he thinks they come.

Apis Mellifica.—The patient is apt to be jealous and more or less erotic, symptoms which may lead to the use of this drug in the jealous form of paranoia.

Baryta Carbonica.—When walking in the street the patient imagines people are laughing at her or criticising her to her disadvantage. The patient is overwhelmed with an evil apprehension. This drug may prove useful in degenerative cases, who, even as children, "do not want to play, but sit alone in a corner doing nothing."

Chamomilla.—The patient imagines he hears the voices of absent persons at night. Chamomilla, too, is likely to correspond well to the irritable, easily-angered, self-assertive victim of paranoia.

Cuprum.—The patient is "imperious in manner; announces himself as a commander-in-chief."

Drosera.—The patient is depressed by the persecution of others on all sides.

China.—The patient has the fixed idea that he is unhappy and persecuted by enemies. Thinks she is very unfortunate; constantly harassed by enemies.

Hyoecyamus.—Jealous, with a predominance of sexual ideas, amorous and obscene.

Ignatia.—The patient has the delusion that she is married and pregnant; very apprehensive; fearful of some great misfortune.

Sabadilla.—The hypochondrical case who imagines she is pregnant and has numerous erroneous impressions as to the state of the body; that he has a cancer; that his limbs are shrivelled.

Lachesis.—The patient believes he is under the influence of some superior power. Uses exalted language; is jealous and loquacious.

Staphisagria.—Hypochondrical cases, believed to be caused by unmerited insults. Useful in masturbators.

Veratrum Album.—Imperious. Delusions of pregnancy or cancer. Religious cases.

Platina.—Mania of pride and grandeur. Patient is very haughty and dictatorial, overbearing and fault-finding; looks down with disdain upon others.

If in addition to the mental symptoms other well-marked characteristics of the drug are found in the patient, the remedy may be prescribed with a reasonable assurance of benefit.

Careful attention should of course be paid to the diet, which should be liberal and nutritious, the bowels should be carefully looked after, and great benefit is likely to result from frequent enemata of large quantities of hot water, slowly injected so as to secure free and thorough flushing of the large bowel. By frequent baths and massage the functions of the skin and superficial circulation should be stimulated.

Careful examination should be made for all reflex causes which may be operative, and their removal secured as speedily as possible. This may require treatment of diseased conditions existing in the various orifices of the body, gynecological procedures, the fitting of proper glasses, the treatment of nasal disorders, or any of those measures which remove disease wherever existing, and tend to render the entire man sound; for only thus can we hope to secure *mens sana in corpore sano*.

The following few of many cases from the hospital records are given as illustrative of paranoia:

No. 1. E. T. H. was admitted in 1883, with a history of having been arrested in New York for firing a pistol at some children whom he believed to be annoying him. He was formerly a resident of Norfolk, Va., where he lived during the late war. He was a college graduate, and had two brothers who were homeopathic physicians, and he himself studied homeopathy as a layman. In a letter written to one of the trustees of this hospital he gives an account of supposed persecution as long ago as 1858. Having loaned a young man some money to go into business, and the venture not proving successful, he says: "How I was baffled it would be useless to detail, except so far as I believe it was done (by corrupting the poor young man) through the instrumentality of the Jesuits, who had for peculiar reasons, known to them but not to me, been watching and noting me as a remarkable person from my youth, particularly after an *eclat* gained at college; and who had resolved to keep me in obscurity, so long as it was possible, if they could not get me into their Roman Church; and to baffle me, as they are very able to do, under ignorant surroundings, in any attempt to exhibit either talent or benevolence, in business or otherwise, or to in fact in any way escape from obscurity.

During the civil war I was at home in Norfolk, was not concerned in the war in any shape, manner or form. Being at leisure whilst the war was in operation, I devoted the four years to study and improvement, and developed into a first-class poet, with the purpose 'finally adopted of making a special profession of dramatic writing of the very highest type.' He believed himself able to write poetry and dramas in no way inferior to the productions of Byron, Shakespeare, or any of the greatest English poets and dramatists. His literary ventures, however, did not gain a ready publication, and he again speaks of his enemies: "No person in the South was better understood and appreciated in Washington than I was, except by General Butler and others in the interests of Romanism and plunder." He had now added General Butler to the list of his persecutors, and long after coming to the hospital the mention of General Butler's name would call forth fierce maledictions upon this his supposed enemy. Speaking of General Butler, he says: "He and that party, which was and is strong in the government, initiated and have continued a base and groundless persecution to prevent my appearance in any form before the public. My business has been headed off in every direction, and since the year 1864 I have been liable to disparagement, calumny and ruffian attacks, which have culminated finally in my incarceration here on pretense of insanity, which every one concerned in the affair knows is a fraud and a lie of the worst, because most infamous, most false, and most injurious character." After his arrival here he believed that poison was constantly administered to him in his food, and that from his knowledge of the symptomatology of the homeopathic *Materia Medica* he was able to recognize the particular poisons given him from time to time.

He kept a record of these poisons, and the following is an excerpt from a record he kept for years on this subject:

Mem. Drugs in food. Asylum, Middletown, N. Y.

1883.

April 23. Something bad in tea, chilly this morning.

25. Coffee tasted of a tincture.

July 3. Some drug affecting bowels.

4. Arsenic. Felt badly all day.

10. Toast sat particularly before my plate; always bad.
Opium.

Aug. 13. Have been trying white bread for a week or more.
Effect, drowsiness and constipation. Opium.

Oct. 3. Cantharides in coffee for some days.

23. Decided opium symptoms.

Nov. 4. Drugs again in beef and cabbage. Dr. — called yesterday; and I have noticed that the drugging is always worse after his visits.

And so he goes on for many days. This patient continued in these beliefs to the time of his death in 1893, having been a victim of delusions or persecution for at least thirty-five years or more. His delusions were fixed, systematic and chronic, and probably developed upon an unstable, neurotic basis, due to hereditary taint. He did not suffer from mental failure during his residence in the hospital, and he died of a chronic bladder trouble, with his mental vigor unabated, and cherishing his delusions of persecution to the last. He had also the delusions of grandeur, so-called, for back of his delusions of persecution was his belief in his great ability as a scholar, a scientist, and a poetical and dramatic writer. His supposed persecution and his final incarceration being, as he believed, a scheme of the Jesuits and General Butler to prevent his coming into prominence unless he would embrace Romanism. He kept a journal in cypher, and pretended to predict eclipses, earthquakes, and unusual natural phenomena.

He read the daily papers, and when not upon his delusions would converse in a very intelligent and scholarly and agreeable manner.

No. 2. (Case Book No. 3992.) Female; age, forty-two; married; father and mother first cousins; one sister died insane, and another sister is said to be "queer." This patient has for some time had delusions of persecution, believing that her sister-in-law was a medium and exercised malign influences upon herself and husband. Believed that her husband, who was an old man, was most subject to these evil mediumistic influences, and that she (the patient) must combat the "medium combination," as she called it. To accomplish this, she threatened her husband with a revolver, and beat him, and made attacks on him at night, till he became afraid of his life. Besides threatening and maltreating her husband, she burned pork and used horse-shoes to counteract the malign influence of the "medium combination." Her belief was evidently in no way different from a belief in witchcraft, and the persecutions of the supposed witches she met in the regulation way by charms, ceremonies, beatings, etc. This patient was a case of paranoia, inheriting a neuro-degenerative taint of insanity, and presenting delusions of persecution only. While in the hospital she developed the same delusions of persecution against the nurses and certain patients.

No. 3. (Case Book No. 3312.) Female; age, forty-five; is a bright, handsome, intelligent woman, who had been insane for one year at time of admission. She believes she is the victim of a conspiracy, and that she is persecuted by persons unknown to her, and by unseen agencies which she believes to be electrical. Says her trouble began in November, 1890, when her persecutors began shaking her bed at night and preventing her from sleeping; later, by electrical influences. They worked upon her face and eyes at night, torturing her terribly,

and distorting and disfiguring her face, making her chin more prominent and her cheek bones higher, and producing an aged and wrinkled appearance of the face and eyelids. Sometimes she explains her alleged persecutions by saying it is a battle between the aristocracy and the plebeians to alienate her from the ranks of aristocracy. She reads the newspapers carefully, and imagines that various articles refer to her. Having read in the papers something about Peter of Rome, she told the doctor one morning that Peter of Rome was trying to secure her photograph by means of a kodak pointed through a ventilating register in the wall of her room. At another time she says she thinks her persecutions are in some way connected with the "Number 6." Again, she dreads the influence of the "Dog Star," etc. Her nights are evidently filled with suffering, when she is sleepless on account of these imaginary tortures, which she believes are due to electricity in the hands of her enemies. A woman named Gray having been placed in her room to sleep, she imbibed the idea that her persecutors were about to change the color of her eyes from brown to gray, and appealed to the doctor to prevent it. The character of her sufferings is usually the same, and it is likely that the sensations upon which her false beliefs are based are much the same at all times, but her interpretations of these sensations vary as various explanations are suggested to her by newspaper reading, companions, surroundings, etc. She at times suffers from disturbed digestion, and at such times her delusions are more active. She is not demented; her memory is good. She is bright, vivacious, a good musician, etc., but is a paranoiac, and dominated almost entirely by delusions of persecution by unseen agency.

No. 4. (Case Book No. 4074.) Age, 25; male; well developed physically, except an unevenness and irregularity of

the cranial surface posteriorly. This patient has always been disposed to worry unduly about unimportant matters, naturally of a suspicious nature. At one time seven or eight years ago became suspicious of those with whom he worked, believed that they were talking about him. After a time this passed off. Later he acquired the belief that he was influenced by others, and made to think, say and do things against his will. After an attack of grip this false belief took more definite shape, and he believed that Superintendent Byrnes, of the New York police, was shadowing him; that the Superintendent was able to read his thoughts, and compel him to commit certain acts. Since his admission to the hospital he has improved somewhat; to some extent he realizes his condition, and is anxious to get well. But he easily becomes suspicious of patients and others with whom he associates; at times has hallucinations of hearing.

Many other cases might be cited from the records of this hospital. The foregoing, however, are deemed sufficient to illustrate the common varieties of the disease

Ancient and Modern Treatment of the Insane.*

By C. SPENCER KINNEY, M. D.

There is nothing new about insanity, though it is inseparably connected with the history of mankind. It is a disease of the brain that is incident to the uncertainties of existence, and reflects the outcome of physical weaknesses, and sins of omission and commission. It indicates that those who have lived before us could not have lived in harmony with their environments, or in accordance with the laws of inexorable nature. Our history of it is meager, uncertain, contradictory, imperfect; and we can expect nothing more, because the whims, the caprices, the education, the religion or the lack of it of the times and places in which various forms of insanity have been described, differ so widely. We find recorded in the eleventh letter on papyrus of Sallier I., that is now preserved in the British Museum, "Whereas it has been told me that thou hast forsaken books and devoted thyself to pleasure; that thou goest from tavern to tavern, smelling of beer, at the time of evening. If beer gets into a man it overcomes his mind. Thou knowest that wine is an abomination, and that thou hast taken an oath that thou wouldst not put liquor into thee. Hast thou forgotten thy resolution?" This would lead one to believe that the Egyptians had much the same difficulty, regarding the disastrous effects of the too free use of intoxicating beverages that exists with us to-day; and it is not unlikely that in other respects the same causes that produce insanity in the latter part

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of the nineteenth century were as marked in the causation of mental difficulties before the time of Christ, but perhaps not so complex and varied in form, as exist in this country to-day. We have reason to believe, for the records date back to the fifteenth century before Christ, that insanity was believed to be of demoniacal possession; and that to cure it, this devil had to be appeased or driven out in some way. In Deuteronomy, chapter xxviii, occurs this passage: "The Lord shall smite thee with madness." And again, chapter iv of Zachariah, "Smite the riders with madness." Then again Saul's conduct when he destroys the men of Israel, and causes his son Jonathan's death, marks the possession of a hasty and impulsive condition of mind. Also when "He stripped off his clothes and prophesied before Samuel, and laid down naked all that day and all that night." First Samuel, xix chapter and twenty-fourth verse. And again, "He prophesied in the midst of the house." Chapter xviii, tenth verse. Even Saul's servants commented upon him: "Behold now an evil spirit from God troubleth thee." Chapter xvi, fifteenth verse. Nebuchadnezzar was for seven years afflicted with a mental disturbance that caused a temporary loss of his mental power. It is claimed by historians, that he was thoroughly aware afterward of his sickness, and that not only had his body suffered, but for a time, at least, his reason. Herodotus, in book III, chapters xxii and xxx, tells of the madness of the Persian King Cambyzes, and has been referred to by writers on insanity. The writings of Homer, Apollodorus, Aristotle, Hippocrates, Pericles, Socrates, Plato, Herodotus, Thucydides and many others of this far away period, refer to certain mental disturbances. Insanity was understood by Shakespeare, and we have to look long for better description of various forms than can be found in his characters. Even paresis is described in Troilus and Cressida, act II, scene III.

Regarding treatment, we must believe that in early times it was mostly unavailing, for fear was the forerunner of cruelty and neglect. Probably Asclepiades should be given as much prominence as possible, in these earlier times, for his efforts to promote a rational treatment for this most unfortunate class of patients. Celsus claims that Asclepiades prescribed for the insane an abstinence from food, drink and sleep in the early part of the day; that the patient should drink water in the evening, followed by gentle friction, and, later, liquid food should be administered. By such means it was hoped to induce sleep. In the use of fomentations of mandragora, poppy or hyoscyamus he had no faith. Still worse was venesection. He also requested his patients to be placed in the light. This treatment was far in advance of his times, and we have reason to believe was superior to much that has been advised since, for the relief of the insane. It certainly indicates the possession of an observant mind and a kindliness of disposition without which no one can have success in the peculiar work of the alienist. The act of Pinel on assuming charge of the Bicetre, in 1792, in liberating fifty-three men from the chains they had worn so long, made his name immortal in the history of the treatment of this most experimented-with class of sufferers that the world holds; and here too we recognize kindliness of heart and appreciative knowledge of human nature beneath the professional attainments that we have been told he possessed. But this was the act of a single man, a ray of light in a dark and dismal world, and did not meet with universal favor, as it was but a few years after that the celebrated Norris case, in England, was described in the following words: "A stout iron chain was riveted round his neck, from which a short chain passed to a ring made to slide upwards and downwards on an upright massive iron bar inserted into the wall. Round his body a strong iron bar about two inches wide was riveted; on each side of the bar was a circular projection,

which, being fastened to and inclosing each of the arms, pinioned them close to his sides. The waist bar was secured by two similar bars, which, passing over his shoulders, were riveted to the waist bar both before and behind. The iron ring round his neck was connected to his shoulders by a double link. From each of these bars another chain passed to the ring on the upright iron bar. His right leg was also chained."

In its general character insanity has probably not changed much since efforts were first made to describe its symptoms, unless we make an exception to general paresis. This appears to have developed with greater frequency in later years, as a result of too great a nervous strain. In the old time, in the days of good Queen Bess, when people lived in the open air more than they do now and drank and ate to an extent to which we are strangers, the nervous system was not so sensitive as it has been growing during the last century or more. The majority of brains in those days could not grasp or bear the strain to which children of twelve are now subjected daily as a matter of wise discipline. Then it was muscle and endurance, and competition had not forced anxiety into the life of every one with the same degree of recklessness that it has to-day.

When, through the superstitious belief that the insane were possessed of a devil, fear was the common sentiment among people, it is not to be wondered at that harsh methods were pursued toward these unfortunates, and that from torture and punishment came the principle—a little more enlightened, we admit—of seclusion, prison methods and custody. And, in our own time, has come the cry of public spirited philanthropists recommending work, for the two-fold purpose of economy and recreation. The latter feature of the plan has been absorbed in the first purpose, and the World's Fair, held in Chicago in 1893, received exhibits from State hospitals for the insane of work

performed by patients, who had been sent to these hospitals by their friends for medical treatment, that would compete with the products of the ordinary run of prison labor, consisting of coarse shoes, mats, brushes, etc. Such exhibits as these call for no word of commendation except from those whose training has been along the lines of prison methods, custody and economy; in which scant fare, bare walls and routine methods, and ignorance of enlightened hospital treatment, make the life of the insane dreary, monotonous and enfeebling to the body and mind, amid odors of carbolic acid, soap and wet floors that find no time or chance to dry. It should not be a matter of surprise that these hospitals have become objects of suspicion, when, through some event, an investigation reveals a wretched lack of individualized, intelligent, humane and scientific care for the insane. From a combination of evils, arising from an overcrowding of the irresponsible insane, and having them cared for by an insufficient number of under-paid, dissatisfied attendants, owing their positions to political favor, with no complete facilities for giving hospital attention to the sick, with poor and scanty food for patients as well as employes, a most deplorable condition of affairs is sure to result; any one of these misfortunes occurring in any hospital seriously cripples its usefulness, and when all are to be found in one institution, the situation makes the name hospital appear like a burlesque; asylum, a parody; and prison a correctly descriptive synonym.

There are four classes in the community that are interested in the care received by the insane in our public hospitals, and they will be considered briefly under the following heads:

- (1.) What philanthropists expect.
- (2.) What the profession expects.
- (3.) What the taxpayer expects.
- (4.) What the patients expect.

What philanthropists expect.—It is one thing to do good, another to want to do good and not to know how. There are many of the latter in the world who labor under the impression that the desire and effort equal the performance of the beneficent act, and in this belief lull themselves into a spirit of complacent repose.

The occasional visiting of a hospital, even in an official capacity, or the writing of a magazine article on the subject of reform does not constitute a philanthropist; neither does the inveigling one's friends into schemes which they imperfectly comprehend, in order that the weight of their influence may be secured, constitute a philanthropist. Much of this sort of work is the direct result of a kind heart, an unsatisfied life, a love of notoriety, and constitutes a fad and nothing more.

Now, these people are enthusiastic in their efforts, and enthusiasm is a good thing. We expect it in every good work, but unless it is combined with and directed by reason, judgment and special knowledge, it is as useless, as a motor force, as is steam when blown into the air. While it may befog and mislead, and in this way excite attention, it is neither healthful nor progressive as to results. When enthusiasm is combined with and directed by those qualities of mind previously mentioned, some good results will follow all well-directed effort, just as we find the engine respond to the grasp on the lever when steam is up and hissing through the safety-valve, giving even the mass of iron that is now motionless an appearance of restlessness under restraint.

What philanthropists have expected to do for the insane has not always been an easy matter to determine, owing to the impractical character of their efforts. Such has been the clamor raised by some of these well-disposed people, that those directly in the care and treatment of the insane have been forced, as it

were, to fall into line to avoid censure, as a single instance will illustrate. A few years ago the cry was "give the patients work;" and one of the things, expected in the yearly reports, was a good showing of work accomplished by sick men and women who had been sent to our State hospitals to receive medical care and humane treatment. The demand was a taking one with the public, and every State in the Union felt its force. It is not pleasant to think of the many lives gone out prematurely, or of the many would-be-recoveries changed into chronic forms of insanity, through this mistaken endeavor to accomplish something. What was no doubt first intended for recreation became labor. Labor that was worth little, but which cost human lives.

Some may ask why officers of our hospitals yielded to this unjust demand. It is to the credit of some that they protested, and it is to the credit of the Middletown State Homeopathic Hospital, that its medical superintendent, in 1891, wrote that the highest object in the care and treatment of the insane should be their "safe and permanent restoration to mental health." It is to be remembered, however, in regard to hospital officers, that it is not an easy task to change from that which is demanded of them by the public, to something so radically different as is to be found in enlightened medical treatment for the insane. The good, philanthropic organizations have accomplished, has been in proportion to the extent to which their work has been directed by experienced and practical men and women.

Three years ago, the Middletown State Homeopathic Hospital suffered from the legislation of a well-disposed, but not too well-informed body of philanthropists, and the evils resulting therefrom are likely to be lasting. The injustice done the hospital and its large number of friends will long be remembered. The excuses of those who assisted in promoting the scheme are like those commonly given by people who aim what they sup-

pose to be empty guns at their friends: "I didn't know it was loaded."

What the profession expects.—The medical profession desires a hospital to which they may send a patient without delay, and where the patient may receive a greater degree of care than it is possible to give him in his home.

The nature of insanity requires promptness in beginning treatment, knowledge of its character, experience of its complex phases, and tact throughout the course of the disease. The importance of early treatment of the insane is recognized by every physician, and there is something wrong somewhere if a person requiring treatment can not obtain it within twenty-four hours, after the necessity for it has been recognized by his friends. The unsatisfactory results likely to follow the remaining amid scenes and associations in which the patient gave way, are also understood. A physician expects, and has a right to expect, that in a State hospital his insane patient will, on admission, have that degree of care which the peculiarities of the case require. The expectation of the physician finds a fulfillment in the practical workings of the "Hospital Idea," as exemplified by Dr. Talcott at the Middletown hospital. Of course a higher degree of care is required to conduct a hospital on the lines of the "Hospital Idea," than on those of ancient *régime*, in which custody, economy, labor, prison discipline and the free use of chemical restraints embraced what was unworthily dignified by the name of "medical treatment." Every physician knows that proper medical care can not be given any class of patients, much less the insane, without the expenditure of skill and money. A small *per capita* cost, everything else being equal, shows to the disadvantage of a hospital in the care of the sick ones intrusted to its management during the sad and trying times when reason is unsettled.

What the taxpayer expects.—Proper care, with the minimum cost, is what the taxpayer desires. Beyond this the average taxpayer cares little.

In addition to the right of ready admission to a State hospital, there should exist no reason why any taxpayer, who desires treatment for himself or for a friend, should not have the care of an institution that his energy and money have aided in building and maintaining. Moreover, the accommodations and attendants should be equal in comfort to that enjoyed by the patient when at home. The skill, experience and special training, with the watchful supervision exercised, in a properly conducted State hospital, should be available to every citizen in this State, whether he be rich or poor. When this is not the case, an injustice is done to the poor, as well as those able to pay. When a State hospital has an income derived from private patients, it is able to give better care to its patients as shown in the character and variety of food, in better paid nurses and in more homelike surroundings. All these are important factors in a properly conducted hospital. No needed care or attention can be too great for the sick one. Good care costs money. While patients may be kept for one dollar and twenty cents a week, five dollars a week can be expended on each patient with benefit and justice. The taxpayer expects that the patient whom he has placed in a hospital shall receive good care not only from the physicians, but also from the nurses. Now, nursing calls for a higher grade of intelligence, a better disposition, more tact and common sense than is expected or needed on the farm or in the kitchen. In fact, there are few positions in which there is more expected or exacted than from a nurse in the care of the insane. Until their pay becomes more proportionate to the responsible character of their work, the tax-

payer should not rest content. Any effort that tends to decrease the pay of the nurse should meet with sharp protests from all intelligent taxpayers. A true hospital should be conducted on no lines of uniformity, or prison methods which would restrict and check healthy growth and permit retrogression.

To give every case, whether rich or poor, that enters a hospital that degree of care best calculated to his individual needs should be the ambition animating the corps of every State hospital. Every taxpayer has the right to demand this degree of care, and not to be satisfied unless it be given. Some hospitals are not able to do this because their hands are tied by lack of means, and they cannot secure better care for their patients. In such cases we find that special care, experience and opportunity are effectually blocked by what may be an unwise and unjust economic view. To succeed in any business economy must be practiced, and especially is it necessary to practice it rigidly in the management of a State hospital. It is, however, no economy to prostitute the purposes of a hospital by decreasing the amount of care and attention, quality of food and pleasant surroundings that the sick should possess as their right, in order to lessen the running expenses. It must not be forgotten that good care costs money, and is worth more than an inferior degree of attention. The sick need and should have more attention than the well and strong, and especially is this true of the unfortunate insane who are forced to leave their home and friends, and be nursed by strangers. Economy is one thing. Intelligent economy in the care of the helpless sick, may be something entirely different. No taxpayer has an insured immunity from an attack of insanity. The strong man of to-day may be the weak, disappointed melancholiac of a year hence.

No monument that a State can erect is grander in conception, more beautiful in outline, or so able to call forth the rejoicing of a people as a hospital, complete in all that the name implies, and carried on in the interest of individualized treatment for all classes. Such monuments should be erected, not because it is a Christian act or a humane one, but because it is the duty of the State to provide hospitals of this character, and to be satisfied with none less embrative in their scope.

That the management of the State institutions by the boards of trustees selected from among the representative men of the various localities, preferably from the locality in which the hospital is located, is a wise one, few will contradict. A position on such a board, appointed as it is by the Governor, confirmed by the Senate, and responsible before the people for the good management of the institution, embracing as this does, not only the expenditures that are made but the actual results attained, is one of great responsibility; requiring in a faithful performance of this duty from each and every member of the board an energetic, faithful and intelligent comprehension of details, and with little or none of the sinecural qualities that is popularly supposed to accompany such an office.

While regular meetings are held at such times as are appointed by law, the board is divided into various committees, embracing, in the aggregate, the supervision of all departments of the hospital. It is thus easy to see that every member of the board will have a personal responsibility in one direction or another for a portion of the hospital's management. Of course these positions take the time of the trustees from their own affairs, without compensation, and the duties of their position to the hospital are exacting, perplexing and many times full of anxiety. They stand between the hospital and the people in case of difficulty, and upon

their action, their knowledge of what the hospital has done, and what it is doing and what it is capable of accomplishing very much depends. If their knowledge of the hospital and extent of their powers as trustees are not appreciated to the degree that is expected of them by the people under the law upon which they serve, grievous results may fall upon the institution with which they are connected. With a hospital moving smoothly, accomplishing its objects yearly without friction, the position of the trustees is not difficult, for they need not contend against the anxiety and annoyance which are inseparably connected with a poorly-managed hospital; but the condition should never lull them into a spirit of restfulness, nor give them reason to believe that the responsibility connected with their position is, in any degree, diminished.

What the patients expect.— Proper care is what their condition requires and should receive when the State assumes the responsibility of the treatment of her insane. It should be a guarantee that such care will be given. But here the State proposes and man disposes. There are many citizens who unfortunately possess a predisposition to insanity, coupled with a degree of self-knowledge that enables them to foretell the approach of an attack and who desire the right of having medical treatment before all self-control is lost, and they commit some overt act. At present this is not possible in the State of New York, owing to the inelasticity of the existing interpretation of the statutes. The unreasonableness of this state of affairs may well be compared to a fond father refusing his children permission to enter a house to escape an approaching storm, until their garments are drenched. Serious results are likely to follow in both instances. The insane want protection; it may be from themselves or to save others. The distress arising in one who craves help, who

has silently struggled against worry, sleepless nights, failing appetite and morbid fears, in which the words, acts and motives of his friends have been misconstrued, can never be comprehended by an inexperienced interpreter of our laws. "Protection" is a word that holds more meaning to the insane than any other word in the English language. The importance of it is recognized when the insane are referred to as the "wards of the State"

Politics is an enemy to efficient hospital service, whether it be shown in changing superintendents, or in the appointing of his subordinates. An illustration may be given by citing the act of the Governor of a powerful State—a state strong in its resources, and which has been the central object of the curious gaze of the entire civilized world—who asked the superintendent of a well-known State hospital—a hospital noted for the general excellency of its management during the fourteen years he had been at its head—to resign for political reasons. As if a professional man, successfully performing a delicate and trying task to the benefit of the entire State, could not hold such political beliefs as his conscience dictates. This hospital had been conducted on what is known as the "merit system"—the highest and best practical method that is known to hospital men—a civil service that has but one object in view, namely, the right man in the right place. This is for the good of the patients of the hospital and of all concerned. It is by the merest chance that any appointment to a State hospital, in any position whatever, is a good one when made through the channels of political preferment.

When a patient enters a State hospital for the first time, he has little idea of what is before him. The possibility of seeking medical treatment in such a place may never have occurred to him, and the very existence of a State hospital may never have

aroused enough curiosity to cause him to visit one. If, then, on admission he has fed a morbid vein on the tales furnished the press by those unfortunate insane who have not recovered their equipoise, but who are actuated by suspicions that have never subsided, and who has for years lived at enmity with himself, his relatives and friends, the mental unrest that results is a hindrance to his recovery. In time, however, depending, of course, upon the extent to which his mind is affected, he recognizes the aids to his recovery that properly belong to a State hospital. The effort that has been made to render his surroundings pleasant sooner or later attracts his attention, and suggests the home rather than a custodial institution. The air of neatness and order may be novel, but not an unpleasant feature, even when he finds that he is no longer intrusted with the whole care of himself. Baths will be given him, clothes changed, the hair, face, hands and nails receive attention, and he will find that his needs are anticipated by the nurse. He will enjoy good ventilation, afforded by many open windows and high ceilings, and on recovery will wonder how he ever lived, sleeping in a close room with no ventilation, and perhaps his head covered with bedclothes. He will notice that when he is annoyed from any cause it is removed, if possible; and that his contentment of mind is an object of interest to the nurse as a help to recovery, and is part of the general treatment for him and his fellow patients. The regularity of method and the uniform kindness and high degree of care bestowed, he recognizes as his right, as one accidentally helpless in the grasp of disease intelligently and humanely cared for by kind and willing hands. He may have discovered these things in the hospital department where rest in bed has been one of the means employed to tempt self control and reason back to their old camping-ground; where also his diet has been the proper one for the sick man, and where any desire for a change,

a craving for something that memory calls up with a pleasant association, has been granted. His entrance into a general ward may strike him as an innovation not wholly to be desired, for it is a fact that many who have recovered a healthy condition of mind in a certain department of a hospital dislike to leave it. This is usually a recommendation of that department. In the general ward he associates with those congenial in disposition and tastes, where there is more of an active mental life going on that is in touch with the outside world, where in the exchange of experiences he is constantly learning something, and the ward becomes to him what a hotel corridor does to many men in furnishing mental attrition. This is no optimistic statement, but is the actual result of having congenial wards in a hospital for the insane. As the patient approaches a complete recovery, he may, in assisting the nurses, visit every ward in the entire department. He learns that in a true hospital no filthy ward exists; that no weak, tremulous parietic, liable to a sudden apoplectic attack, is ever set to work in the hot sun, or allowed to subject himself to any muscular strain. He sees that the homicidal, suicidal, feeble, sick and excited are in bed, and that they are not allowed to be out of sight of trained nurses during any part of the day or night. This is recognized as right, and in the spirit of the "Hospital Idea."

In addition to the benefits directly derived by those patients just mentioned, are the good results that come to those on the wards outside of the hospital department proper. It allows all the wards to be kept quiet and in order day and night. It permits sleep for both patients and nurses. If nurses complain that they are not able at night to sleep on a ward, it casts a strong suspicion that a proper classification has not been made. When the healthy sane can not sleep, can it be that a broken-down, nervous, insane patient is getting that degree of consideration he should receive from his physician? It is scarcely wise

to subject an invalid to a strain under which a well person may break down. The crowding of a hospital may make this a necessity, yet this is an insufficient excuse, for there should be no crowding. The treatment of 500 patients is enough for one physician to direct, in justice to himself and to them.

All these considerations, and more, the patient asks of the hospital. If they assist in his recovery he has a right to ask for them. It is his health, happiness, home, everything on the one side ; and, on the other side, whether or not a State whose name is synonymous with generosity and wealth, and that has stepped forward with the avowed purpose of caring for the insane, will do it. Individual care, with all that this implies, for every case, whether rich or poor, is all that is asked in the humane and modern treatment of the insane in the latter part of this nineteenth century.

General Paresis Mistaken for Chronic Alcoholism ---A Case.*

By DANIEL H. ARTHUR, M. D.

W. S., age, forty-eight; married; two children; nativity, United States; occupation, hotel-keeper; habits, said to be intemperate; no history of insanity; remote cause, predisposition; exciting cause, said to be intemperance and overwork and worry; temperature, 99.2.5; pulse, 90; tongue furred and dry, and very tremulous; pupils contracted irregularly, irresponsive; speech hesitating, thick; unable to give any account of himself; heart's action weak; face dark, mottled; paralysis of extremities.

Family history states that the condition of change was first noticed a year and a half before his admission to the hospital; had alternate attacks of depression and mild excitement; at times slight attacks of vertigo and loss of consciousness. In a few months he was unable to attend to his ordinary business properly; unable to make change; would demand the payment of a bill twice; became dull and easily confused.

It was said that about six months before his admission to an asylum for the insane, he commenced to drink to excess, which (if so, although not authoritative) was undoubtedly a result of the course of the disease.

His symptoms progressed rapidly the last few months before admission to a hospital. His gait became very ataxic; mem-

* Read at the semi-annual meeting of the State Homeopathic Medical Society, September 26, 1894.

ory almost gone; incoördinate speech; hands and the fibrillary muscles of the face became very tremulous, being unable to control them. He sat about the house in a stupor, too weak physically to move about much, and too demented to take notice of his surroundings. He was admitted to the hospital December 9, 1891, unable to give any account of himself, but with the preceding history and symptoms. He died a few days later from simple exhaustion, following general paresis.

The patient was a member of a prominent beneficiary association, the benefit from which (\$2,000) to go to his wife in case of death, providing the deceased had lived strictly according to the by-laws of the order. A prominent by law of the order, as a requisite to membership, was temperance as to the use of alcoholic stimulants; and also a continuance of such habits while a member of the association. Temperance as mentioned here is not to be interpreted as absolute teetotalism, but a freedom from excess in the use of stimulants. Of course a man's excessive use of alcohol at the time of application to an order for admission would be known, and his name for membership rejected accordingly. But having been admitted to the order, should he at any time become so addicted to the use of alcohol, to the extent that would be called excessive, as might precipitate a diseased condition, and in consequence shorten life, his family would forfeit the right to any benefit in the event of his death. The insurance would also be forfeited in case of the non-payment of dues.

His wife ceased the payment of dues to the order sometime previous to his commitment, as it was refused by an officer of the lodge, with the remark that it would be money thrown away, as his family could not benefit in any manner at his death on account of his acquired intemperate habits. The wife insisted on paying the dues, with the statement that she knew him not to be intemperate; that she was near him all the day and night, and

had never seen him drink to excess. She stated that her husband was a sick man. The dues were, however, refused.

On the death of the patient the beneficiaries made a demand on the association for the amount of the insurance (\$2,000), which was refused on the ground of a violation of the insurance contract. In the suit that was brought by the relatives of the deceased for the amount of the benefit, the defense brought forward about twenty witnesses (including the officers of the lodge) of the town, and could undoubtedly have brought half the village to testify that they had seen the deceased staggering about the streets of the village almost daily; that they had seen him as often sitting about the hotel in a drunken stupor; that his general appearance was that of intoxication; and that it was recognized as a fact by most of the inhabitants of the village that W. S. had been intoxicated almost continuously for at least three months previous to his admission to an asylum. There was no special time during the day mentioned, but he, was from the evidence given, as intoxicated in the early morning as in the evening. There was no sobering-up process observed, but a continuous condition of intoxication. Although all these witnesses were positive of the deceased's condition during this time, but one, and he a brother member of the lodge, had ever seen him drink. This number testified that he had drunk liquor with him but had never seen him drink to excess, yet he insisted that he had often seen him in a condition which he believed to be the result of excessive drinking. All these witnesses were frequenters of the hotel, at different times during the day and night, of which the deceased was proprietor. His wife, clerk, bartender, and other attachés of the hotel, who were more closely associated with him, testified just as positively that his condition was not the result of excessive alcoholic indulgence, knowing it could not be so without their positive knowledge. His family recognized a condition of progressive mental and

physical deterioration, yet delayed sending him to a hospital until there was almost a complete paralysis.

He was committed by the village physicians who diagnosed the cause and the case that of alcoholism. These physicians testified that they were unacquainted in any degree with the different forms of mental disease, and in consequence were unable to differentiate between general paresis in its last stages and chronic alcoholism, but had made the diagnosis from the general appearance of the patient and village gossip.

The interest in this case centers in the differential diagnosis of chronic alcoholism and general paresis, a proper diagnosis of which was the means of preventing the perpetration of a grave injustice upon the widow of the deceased.

Chronic alcoholism in many cases recalls more and more the general appearance of paralytic dementia (the last stages of general paresis) — “the brutishness of the chronic drinker, the soft, puffy, smooth appearance of the whole face, the apparent ruin of all his faculties, his incessant stammering, tremor and the motor derangement he presents cause him to resemble clinically the general paralytic,” and the average general practitioner is very liable to error in his diagnosis.

The case in question had many symptoms in common with alcoholism, to such an extent that a very careful analysis of the patient's mental and physical state was imperative in order to determine the real condition. A characteristic physical symptom common in both diseases is muscular weakness and muscular twitchings. Here, however, you find in chronic alcoholism the fibrillary muscular twitchings general, all over the body; while in general paresis this is more limited, affecting mainly the tongue, orbicular muscles of the face, and the muscles of the hand. Rarely do you find in alcoholism the pupils of the eye contracted, while in general paresis this is a common symptom, and very often the pupils are contracted unequally and irresponsive. The

speech disorder in chronic alcoholism is usually less than in paresis. In paresis the disorder increases as the disease progresses, and in spite of treatment; while in chronic alcoholism it decreases and may entirely disappear under the influence of abstinence and treatment. In alcoholism the embarrassed speech is dependent somewhat upon fear, with a constant apprehensive look also upon the tremulousness of muscles of the tongue and face; while in paresis it is due to feebleness of the mind and paralysis of the muscles. We have, again, in chronic alcoholism a diminution of appetite, with eructations, vomiting of mucus in mornings, and often a complete paralysis of stomach, and consequent inability to retain anything; while in general paresis the appetite is augmented and the patient eats ravenously. The hesitating ataxic gait is a common symptom in both conditions; however, in alcoholism it is a recognized condition by the patient himself. He is ashamed of it and tries to rectify it; while in paresis there is a quiet contentment with himself in all respects.

These were a few of the prominent physical symptoms observed in this case of general paresis, and their differentiation from chronic alcoholism.

Among the mental symptoms of chronic alcoholism, we have headache, active hallucinations and illusions affecting all the senses; delirious conceptions depending on these hallucinations and illusions. We have very often great depression, with tendency to suicide; delusions of persecution, etc. With all these symptoms there is a consciousness of his condition. With the paralytic dement of this article, there was never any pain, no hallucinations or illusions. The paralytic is seldom ever suicidal; there is an enfeeblement of the understanding, with delusions of grandeur, wealth, strength and power. Here it took the form of strength and ability. There are many cases of

general paresis with simply a progressive mental enfeeblement, and no delusions whatever, but all the physical symptoms prevalent.

A characteristic symptom of general paresis (very marked in this case) is the utter indifference of the patient toward his family, and his temporary but apparently unconscious fits of emotion, as anger and crying. These are also symptoms of chronic alcoholism, but differ. The alcoholic patient may become affected by the pleadings and reproaches of a mother or daughter, and give way to grief. He may appreciate his condition, and make promises of reform; while the enfeebled mind of general paresis is thoroughly content with himself, and unappreciative of interest taken in him by friends and relatives. The emotions of the chronic alcoholic are due to depression, the result of a periodic acute appreciation of his condition; while those of general paresis, alternate sobs and laughter, are utterly without order or consistency.

The symptoms of general paresis which we have recorded here were prominent in this case, and I have endeavored to show where they differ from chronic alcoholism, without going into minute detail. These considerations may aid in forming a diagnosis; yet by becoming acquainted with the antecedent habits and history of the case, extending through a considerable period of time, it will help very materially in making clear the proper diagnosis. The initial history of the disorder here dates back a year and a half, when no accusation was made of intemperance; there was slight dementia, with failure of memory; slight attacks of vertigo, and occasionally periods of unconsciousness for a short time. The court introduced expert testimony in the case, and the jury allowed the amount of the benefit to the widow, with interest from the time of death. It was a clear case of general paresis mistaken for alcoholism.

A Synopsis of Twenty-one Critical Cases, and Some of the Special Features of Treatment of the Same at the Middletown State Homeopathic Hospital.

By MAURICE C. ASHLEY, M. D.

During the past fifty years great strides have been made in the care and treatment of the insane. Liberal sums of money have been appropriated to build hospitals; physicians with ripened experience have been placed at the head of these institutions; men and women have been trained until they have become skillful nurses; chains and cruelty have been superseded by sympathetic and intelligent care, and food and medicines are carefully selected for each individual case. In fact, the "Bedlam" of but a comparatively few years since has given place to the most perfect system of caring for the insane that the world has ever known. The hospitals are large, comfortable and as homelike as is possible to make them, and they stand out boldly in every civilized country in the world as a glorious tribute to the charity of man to his fellow beings, and the advancement of mental science.

Below I have endeavored to give a brief synopsis of twenty-one recent critical cases of insanity which have been cured at this hospital, together with some of the special features of the treatment applied.

Case 1. (3630.) Female; admitted October 3, 1892; age, 45; single; American; seamstress; Protestant; education, academic; temperate; physical condition, weak; temperature, ninety-nine;

pulse, 96; weight, eighty-six pounds; second attack; duration present attack, three months; exciting cause, physical disease.

History previous to admission: Has attempted suicide; excited and depressed; violent but not dangerous; noisy; refuses to answer any questions whatever; pretends to be in prayer; calls on God to do various things; prayed and screamed loudly, and then lapsed into a quiet state with folded hands, devotional attitude; would answer no questions, but simply motion that she did not want to be disturbed; screamed, prayed and yelled night after night.

On admission was extremely restless; kept moving hands and feet constantly; appetite very poor. October eighth, severe diarrhoea set in, which lasted two months, reducing patient to almost a skeleton. October tenth, much quieter, sleeps better. Fifteenth, not eating or sleeping well. Twenty-fifth, writes poetry a great deal of the time, maniacal and incoherent. November tenth, weak and stupid; sleeps but little; restless at night. Fourteenth, excited, mouth dry and talks incoherently and constantly. November twenty-eighth, eating better, sleeps but little. December thirteenth, talking all the time, incoherent. Seventeenth, very excited and noisy. Twenty-third, still maniacal. Twenty-eighth, noisy and restless and disposed to be violent. January 1, 1893, very noisy, awake all night. Third, delusions of poison, thinks the nurse is going to murder her, is very noisy, sleeps but little. January ninth, still noisy. From that time to February twenty-eighth not much change—excited, noisy, violent, indecent and obscene. At the end of this time she began to improve. March eighth, brighter; asks what month and day it is; realizes that she has been very ill; gaining in flesh; eating and sleeping better. April twelfth, much improved; has shown no mental aberrations for two weeks. May, patient still improving; continued to



improve mentally and physically until September 26, 1893, at which time she was discharged recovered. Weight, 127 pounds, having gained forty-one pounds. Diagnosis, acute mania.

Remedies.—Hyos.; Bell.; Arsen.; Aloes; Podo.; Verat. Alb.; Sulph.; Gels.; Sepia.

Case 2. (3915.) Female; admitted June 30, 1893; age, 35; married; two children; American; housekeeper; Protestant; education, common school; temperate; pupils dilated; pulse, 80, and weak; temperature, 98; tongue clean; very weak; first attack; duration of attack, six weeks; exciting cause, physical disease, viz., acute parenchymatous, nephritis, cystocele, laceration and erosion of cervix.

History previous to admission: Refused to take medicine; sat on side of bed in a dazed, depressed condition, with a characteristic expression of one who has lost the higher faculties of the mind; said she had died, and attended her own funeral; that her food was poison; fear of some wicked person being in the house, insisting that a search be made, and searching herself; that dead people were in the house. She saw animals on the walls; she had illusions, delusions and hallucinations.

On admission patient was very much depressed, groaning and crying, very restless, refused to take nourishment. July second, face flushed; lips sore and bleeding; will not answer until asked several times; very depressed and incoherent; when she does talk it is to imaginary persons. Fourth, incoherent, but does not talk as much; urine very dark, scanty and offensive; microscope reveals hyaline casts and blood corpuscles in great quantities, also considerable albumen and epithelial cells; tongue cracked and sore. July eighth, urine same, hears voices, has to be fed with nasal tube and catheterized regularly. Tenth, talks in a whispering voice; seems to be in great fear; pupils dilated, face flushed. Twelfth, temperature, $99\frac{2}{10}$; pulse, 108;

restless, struggles and exhausts herself; no rational talk whatever; wandering delusions and incoherent all the time. Twelfth, temperature, 100; pulse, 104; quieter, urine increased, sleeps but little. Fourteenth, no particular change; has been very restless and resistive. Eighteenth, restless; refuses to take nourishment; confused and incoherent; mutters to herself. Nineteenth, stronger; very resistive; never speaks rationally. August eighth, about the same; poor appetite; does not know enough to stay in bed; gets up and wanders aimlessly around. Eighteenth, thinks the nurses are trying to poison her; still has to be fed with tube. September tenth, stronger; eating well; urine better; not so restless or incoherent; frontal headache. Twenty-third, urine normal. October second, menstruating for the first time since admission. Fourth, improving physically and mentally. Ninth, head aches a great deal; rheumatic pains in ankles. Fifteenth, improving. From this time on patient continued to improve until February 16, 1894, at which time she was discharged recovered, the kidney symptoms having entirely disappeared some months since, and the condition of the uterus being much improved. Weight of patient when admitted, 103 pounds; when discharged, 130 pounds, having gained twenty-seven pounds since admission. Diagnosis, melancholia acute.

Remedies.—Chamomilla, Phos. Ac.; Bell.; Cannab. Sat.; Ignatia; Stramon.; Acon.; Nux; Rhus Tox; Bry.; Ars.; Apium Vir.

Case 3. (3321.) Female; admitted November 7, 1891; age, twenty-two; single; American; clerk; Roman Catholic; education, academic; temperate; suicidal; has an insane aunt; first attack; duration of attack, seven months; cause, overstudy and work; pulse, 108; temperature, 99; tongue clean; bowels and menses regular.

History previous to admission: Excited, and at times destructive and depressed, with suicidal tendencies; she did not

care to live; set articles on fire with matches; screamed and yelled, making a good deal of noise; walked about the house a great deal; would swear and use abusive language; cried a great deal without apparent cause; was constantly under great mental excitement.

On admission was weak and nervous; said she could feel the trouble coming on for a long time; has not felt right since 1889; that she always dreamed the same thing, and her head always felt as though it would go round; had been in two other hospitals; had taken a good deal of bromide; has the bromide acne; sleeps very well, but awakens early; says she was always irritable and cross. September eighth, sleeps very well, but is rather restless. Twelfth, is restless and does not want to stay in bed; picks her hands with pins till they bleed; eats fairly well; bowels regular. Fourteenth, seems more cheerful; says she feels encouraged. Fifteenth, says she prays to die; threatens to kill herself; says she is discouraged. Twenty-fourth, restless; does not like to stay in bed; awake all night. Twenty-fifth, excited and wakeful all night. December second, bites her nails till fingers bleed; tears the bed-clothing and papers; picks the plaster from the walls. Third, very thirsty; destructive; mutilates her flesh. Twenty-fourth, still destructive and mischievous. Twenty-eighth, destroys everything she gets hold of. January 4, 1892, cries a great deal; is mischievous; tears things; picks off the plaster; gnaws the doors. Twenty-first, crying because she says she has no soul—"never had a soul." Twenty-fifth, gnawed the commode; and then broke it to pieces. February first, restless; says her soul is lost; skin rough; mutilates her skin, and destroys her clothing. Sixth, seems helpless and discouraged. Eighth, masturbates; promised nurse she would stop it. Ninth, has a number of small furuncles on face and arms. Twelfth, screams at night; believes she has no soul. Fifteenth, nervous; restless; destructive; mutilates her-

self; pain in stomach; cross. March twenty-ninth, destructive; mutilates herself; swears and uses vulgar language. April tenth, untidy; destructive; screams; cries; tears sheets; gnaws the furniture; masturbates. Twenty-first, teases the other patients; calls them names. Twenty-fifth, crying and noisy; sleeping well. May, looking much better; gained seven pounds last month; says she has no desire to destroy things. June, improved very much during the past month. July, still improving; spends a great deal of her time out of doors; appetite good; sleeps well; all physical functions normal; pleasant and agreeable. August first, discharged recovered; weight when admitted, 100 pounds; weight when discharged, 120; diagnosis, mania acute.

Remedies.—Nux Vom.; Ars.; Sulph.; Staph.; Hepar.; Sul.; Calc.; Anacard.; Merc. Viv.

Case 4. (4058.) Female; admitted January 27, 1894; age 38; single; American; no occupation; Protestant; education, common school; temperate; paternal aunt insane; first attack; duration of attack, nine months; cause, heredity and physical disease.

On admission was weak; pulse, 120; temperature, $99\frac{2}{100}$. Said: "A girl lived with us, her name is W. K., she has threatened to poison me; she put rough on rats in the tea kettle; she has killed a number of people; she has played Jack the Ripper. She made the confession home that that was what she meant to do with me." Talks in a rambling way of killing some young woman; killing various people and scattering their intestines on the floor. Talks nearly all night to imaginary people; at times very excited; accuses those around her of trying to poison her; has horrible fancies, and is regardless of whom or to whom she speaks, accusing all alike. Irritable, but never violent; at first singing and happy; afterward

morose, taciturn, restless, talkative, irritable, suspicious. On August 24, 1894, patient complained of violent pain at base of brain. This was followed by a cataleptic attack, out of which she emerged in a tranquil condition, singing softly to herself; unconscious of her surroundings; sensitive to light and noise. This was followed by a period of melancholia, which was again succeeded by the present hallucination of the attempts of the servants and others to poison her food and drink. January twenty-eighth, says she has been sick nearly all her life; has had an operation for the removal of the ovaries; slept none; complains of nausea; bowels constipated; pain in back of her head; complains of nearly every organ mentioned; noisy; talked a good deal; pounded on the door; "my mother and sister are in the next room." January thirtieth, quieter last night; thinks she can not eat; that her stomach is so compressed; analysis of urine shows it to be normal. February first, no inclination to eat; bowels feel bloated; does not sleep well; full of delusions. February third, slept better; hands very moist; says that Dr. A., of the hospital, is her husband; says she is Miss because she has never been legally married, but had pledged herself to Dr. A. Sixteenth, says she talks because the doctor puts the thoughts into her mind; she complains of pain in region of left kidney. March seventh, says she has cancer of rectum and desires an examination; examination made, tissues found normal, with exception of some hemorrhoidal tissue. Eleventh, neuralgia in ear and side of face. Sixteenth, says her throat is sore and painful, follicular tonsilitis; says she has been vomiting; appetite poor. Twenty-fifth, complaining of something new nearly every day; says she has diarrhoea and gives the number of evacuations during a given period; investigation proves this to be false; is quite tremulous; during the month of April patient improved

physically and mentally. May thirteenth, anxious to go home; says she cannot walk up and down stairs. Fifteenth, Saps her back is sore and very painful. June, improving. July first; crochets, sews, seems to have given up her delusions; walks up and down two flights of stairs, and goes out on the lawn alone; is doing very well. Sixth, frequent attacks of "fluttering" of the heart brought on by exertion, especially when nervous. Twenty-second, bowels distended with gas. August second, for past three months patient has been improving steadily. September 25, 1894, discharged recovered; diagnosis, hypochondrical melancholia; weight, when admitted, 100 pounds; weight, when discharged, 121 pounds, having gained twenty-one pounds. This patient was fed with the nasal tube for seven weeks.

Remedies.—Ignatia; Passiflora; Merc. Viv.; Phytolacca; Creosote; Bell.; Merc. Bin.; Plantago; Cactus; Lycopod.; Bry.; Hydras.

Case 5. (419^a.) Female; admitted July 21, 1894; age, 23; married; three children; American; housekeeper; Protestant; education, common school; temperate; duration of attack, six weeks; cause, predisposition and worry.

History: Excitable. "Did you see the poor little boy running the wires? The little boy is gone; someone took him and my clothes. Don't send me down! Don't send me down!" She shouted and screamed and was very noisy and maniacal. She was admitted to.....in a condition of delirious mania; at one time patient's temperature was 105 $\frac{6}{10}$. Her general condition has been very bad, but has improved, without improvement in mental condition.

On admission it was stated that patient had always been nervous, rather hypochondrical and inclined to worry a great deal; several relatives have died of heart affection; she has been

treated by an old-school physician for past few months and before she began to show mental aberration; said the medicine was affecting her heart and head; has lost flesh rapidly lately and began worrying about the children; thought they had lost their legs and arms; that the house was burned up; that she was stepping on electric wires; patient's body was covered with bruises; she was filthy and lousy; is very weak; the nurse who brought the patient said they had expected her to die for the past two weeks on account of her weak heart; temperature, 100; pulse, 112 and very weak; given milk and brandy. July twenty-second, slept six hours; temperature, 97 $\frac{1}{10}$; quieter; has taken plenty of nourishment; talks of picking diamonds from the floor; says her husband had a shock last night; confused much of the time; says she thought she was dead; that she had three hemorrhages and gives the hours when they occurred (not true); sees people under her bed. Twenty-fifth, slept well last night; talks rather thick; has tremor of the hands and tongue; hallucinations of sight; points out persons that she thinks she sees on the ceiling; says this is January; very noisy and restless in the afternoon. August second, has rapidly changed delusions; seems to have forgotten her former delusions day by day; laughs and is very good natured usually; is a great deal stronger. Fifth, memory seems to be returning; sleeps and eats well; bowels constipated; rather depressed; shooting pains in her head. Eighteenth, back of head hurts. Twenty-third, dreams of burglars, of having children, of dead people and of home. September third, improving. Twenty-second, pain in vertex. Discharged September 27, 1894, recovered. Diagnosis, mania acute.

Remedies.—Acon.; Merc. Viv.; Merc. Prot-iod; Cimicif.; Nat. Mur.; Bell.; Bry.

Case 6. (3859.) Female; admitted April 25, 1893; age, 20; single; American; milliner; Protestant; education, common school; temperate; duration of attack, two months.

Medical certificate states that she was filthy and violent, destructive and dangerous. She talks incoherently and constantly; is profane and indecent; she was of necessity, because of her violence, tied upon a lounge; she spits constantly; when loosened she throws things about the room and at the attendants; obscene in her attacks upon the physicians and attendants; pupils dilated; pulse rapid; she sat down upon a hot stove; put her feet into a coal fire in grate; has lately written many incoherent letters; is indifferent to the calls of nature; snaps at her food when she takes it; tries to bite the attendants.

On admission, pulse, 112; temperature, $97\frac{2}{10}$; pupils dilated; weight, 133 pounds. Attack is said to have come on very suddenly following some illness; has been in another hospital seven weeks; is fairly quiet, and not as filthy as formerly; uses profane and obscene language; is talkative; laughs immoderately; yawns frequently; says she worked hard before leaving home; has realized for some time that she was nervous and "losing her balance;" now says she is tired. April twenty-sixth, slept two hours; says she feels rested; is reading; quiet and well behaved; pulse, 104; temperature, 97. May fourth, says she did not sleep well; had bad dreams; was frightened. Fifteenth, excitable; becomes easily hysterical. Twenty-fifth, improving from day to day. June, no delusions; quiet and well behaved. July, continues to improve; weight, 147 pounds, gain of fourteen pounds. Discharged August fifth recovered. Diagnosis, mania acute.

Remedies.—Belladonna; Hyos.

Case 7. (3968.) Female; admitted September 27, 1893; age, 34; single; native of Bohemia; domestic; religion, Swedenborgian; education, common school; temperate; weight, 101 pounds.

History states she is filthy and excited. "How are you this morning; I don't know where you have put me; you put me

here yourself; I don't know who you are; you threw a scrub cloth at me; Mr. Tiffany, how are you; you are Mr. Tiffany." Patient has attempted suicide. She addressed the examiners as if she had known them all her life. She talked, laughed, sang and danced; and little intelligible could be obtained from her; boisterous and maniacal; no history of value from friends.

On admission it was stated that she is very incoherent, laughs, jumps, slaps, and stamps the floor; acts like a child; attempted to jump out of second story window; sleeps very poorly; calls in a loud voice after people.

Pulse, 84; temperature normal; screams; is mischievous; laughs and seems jolly; does not answer questions coherently; does not want to eat. September twenty-ninth, slept fairly last night; takes some milk; scolds some. October second, seems better and brighter; wants to know when she came to the hospital. Fourth, seems more intelligent and quieter; eats better; is not restrained. Sixth, still in bed. Ninth, up and dressed; seems very rational. Twenty-second, very well. Patient was discharged December 31, 1893, recovered. Diagnosis, mania acute. This was a very rapid and complete recovery; the violent symptoms and delusions did not last more than five days.

Remedies.—Hyos.

Case 8. (4106.) Female; admitted April 9, 1894; age, 35; widowed; one child; American; seamstress; Episcopalian; education, common school; intemperate; paternal grandfather died insane; first attack.

Medical certificate states that she is excited and violent. "I see visions before my eyes; I hear noises all the time; voices talking to me; yes, dear." She shouted and screamed, and was very noisy and difficult to control. It is impossible for her friends to do anything with her; she needs the restraint that she can only get in a hospital.

On admission pulse and temperature normal; poor appetite; bowels constipated; tongue clean. Nurse who accompanied her here states that patient has drunk for years, and has used morphia for five or more years. Has worked steadily until about one week ago, when she became depressed and attempted to shoot herself; the pistol would not go off. She jumped into a lake and tried to drown herself. Tenth, slept well last night; thinks she is to be killed because she is so wicked. Patient states that she is menstruating; says she has severe cramps and a queer feeling in her head, but can not describe it; says she wants some brandy. Eleventh, is afraid some one is going to kill her; she feels that she is going to die; head feels dizzy, lips dry, wants whisky; says she is very thirsty; pulse and temperature normal; urine normal. Twelfth, seems very weak, breath offensive, complains of headache. "It seems to me as if I was on the cars." Taking plenty of milk. Fourteenth, looking better to-day. Nineteenth, "they need not keep me here any longer. I am well and have got to suffer something; and why don't they do what they are going to do?" Wants some whisky in her milk; says her head feels heavy and sore on top; eyes pain her; when she closes them she sees so many terrible things. Thirtieth, wants to get up. May second, says she feels perfectly well, but is sure that she is to be executed in some way for having been so bad. Fifth, says she has seen people since she has been here that she had believed were dead. "The person who wrote me this letter is dead." Eighth, pain in left hip and leg; pain is dull. Eleventh, very depressed; wild, restless expression of eyes and face. Thirteenth, noisy last night; says she was nervous, but feels better to-day. Fifteenth, refuses to eat; will not stay in bed; starts up in fright every few minutes. Sixteenth, says she does not think so much about her delusions; sleeping and eating better. Nineteenth, says she sees snakes all the time; feels them crawling over

her; that they bite her feet and hands. Twenty-ninth, headache; feels badly all over. June twenty-third, seems to be improving slowly. July, some better, not so much depressed. Eighth, nausea, with pain in stomach. August twenty-second, much more cheerful, doing some sewing; still thinks she is in a graveyard. September thirtieth, rooms with another patient; out of the hospital ward; acting very well; much more cheerful; says she is rid of most all her delusions. Given a parole of the grounds with another patient. October seventh, says her head pains very much; has some nausea. Twelfth, head still aches; bowels clogged; breath offensive; appetite poor; has been improving mentally for some months. Twenty-fifth, no delusion; seems entirely well mentally and physically; weight on admission, eighty-two pounds; when discharged, ninety-one pounds. Discharged November 6, 1894, recovered. Diagnosis, melancholia acute.

Remedies.—Nux.; Bry.; Bell.; Ignat.; Colocy.; Stram.; Cimicif.; Verat. Alb.; Allium Cep.; Puls.; Merc. Viv.; Iris v.; Merc. Pro.; Ars.

Case 9. Female; admitted April 13, 1894; age, 17; single; American; Protestant; no occupation; education, common school; temperate; first attack; cause, fall and suppression of menses.

Medical certificate states that the attack came on suddenly; that she is violent, dangerous, destructive and excited. She was extremely loquacious; at times becoming vociferous, and her discourse, which was very incoherent, was accompanied by violent gesticulations; she was profane, and became unintelligible in her efforts to express her confused and imperfect ideas, so rapidly did they occur. She was very restless, throwing her arms about with violence; struck those about her. It was with the greatest difficulty that her attention could be gained for a

single moment. Her face was flushed; eyes brilliant, and conjunctivæ congested. Her father was obliged to exert great force to keep her in bed. It was necessary to pad the head-board of the bed, and there were many contusions on her arms, caused by striking them against hard objects.

On admission she was very weak, and covered with bruises. Pulse, 100; temperature, 97; has not slept for several days. Patient was placed in bed in hospital. Eyes bright and staring; hands in constant motion; whispering constantly to herself; will not answer questions; delirious; menstruating; flow black; lips sore, and cracked at corners of mouth; breath offensive; thick, tenacious saliva in mouth. April fifteenth, talking constantly; incoherent; delusions; laughs a great deal; fed with tube. Sixteenth, slept three hours during the night, otherwise the same. Seventeenth, slept seven hours. Eighteenth, excited; slept two hours; incoherent. May thirteenth, talking almost constantly; eating better. Eighteenth, more violent and excited; still in bed. Twenty-third, excited; talking; incoherent; wakeful all night; but slept four hours during the day; appetite good. Thirtieth, sleeps about six hours a day; quieter. June, complains of catarrh; talks through her nose; is rather deaf. July, has improved very much during the past month; eats and sleeps well; quiet and doing nicely. August 19, 1894, discharged recovered. Diagnosis, mania acute.

Remedies.—Baptisia Tinct.; Ars.; Bell.; Puls.

Case 10. (4043.) Female; admitted January 2, 1894; age, 38; married; no children; American; housekeeper; Protestant; education, academic; temperate; first attack; duration of attack, two months; cause, worry.

Medical certificate states that she is excited, and at times violent. "I won't answer any questions." Turns her back to the examiners; excited, suspicious, apprehensive, willful,

taciturn. Imagines her friends shun her; that they believe her character is bad. Has not slept day or night for five days; goes among her friends explaining that her character is not bad. Is restless, and can not fulfill her ordinary household duties; she drove twenty miles on a very cold day across the mountains to ask her father to aid her in establishing her character.

On admission, temperature, 98; pulse, 96; pupils dilated; bowels constipated; tongue coated; very suspicious of every one who tries to explain that what she believes are delusions, and becomes excited and violent. It was with great difficulty that she was undressed. Has some bruises on body; hands are scratched; says she begins to understand. She thought her husband had turned against her; thought the neighbors were talking about her, never heard them, but thought so; can not tell why. Pupils dilated; wild, staring expression. January third, slept very well; keeps getting out of bed; does not eat well; is weak and tremulous. Fourth, crying; was fed with tube last night; eating better to-day. Fifth, slept seven hours; ate her breakfast; looks better, and is quieter. January ninth, very much confused; pupils dilated; fed with tube to-day. Twelfth, says she is not sick, and can think better; mind clearer. Fifteenth, quiet; doesn't seem to understand things clearly as yet; eats fairly well, but has to be looked after in this matter, and coaxed to eat; sleeps well. Twenty-fourth, excited; tore her bed to pieces this morning; refuses to speak. February second, not so well; has been rushing about the room trying to get out and go home; was put in protection sheet and went to sleep; slept three hours. Sixth, has been up and dressed several days; to-day she is crying. Sixteenth, seems quite stubborn and obstinate; is quiet when she has work to do; at other times she is quite restless. Seventeenth, resisted the nurses who tried to

undress her, and attacked them; ate nothing yesterday, is eating better to-day. Eighteenth, acting much better. Twenty-second, talks rationally; realizes that she has been very ill. March eighth, seems very well. Twelfth, doing very well April 11, 1894, discharged recovered. Diagnosis, melancholia acute.

Remedies.—Belladonna; Nux Vom.

Case 11. (4045.) Female; admitted January 4, 1894; age 40; married; native of Poland; occupation, none; religion, unknown; education, unknown; temperate.

Medical certificate states that "she is destructive and excitable; unfruitful marriage for a number of years, and now believes she is pregnant. Said she had been married sixteen years to J. P., and had no children. Four months ago she met J. G., and now claims she is pregnant, and is very happy. Talks in a rambling manner; looks wild and excitable. About ten o'clock at night she disrobed herself, tore her chemise to pieces, pulled the bedclothes off other women occupying the same room, and swore at them."

On admission patient said that she was five months pregnant with "Jesus Christ baby." Abdomen is rather large, but she increases its size by the way she stands. She also pins cloth around her to make her look larger. Vaginal examination did not reveal any enlargement of the uterus. In fact, cervix is smaller than normal. Patient is very demonstrative; kept kissing my hand, and kneeling to me; crosses herself, and with significant gestures toward her abdomen said: "Miss Doctor, in four months you bring the baby and I give you money, for I have much gold." January tenth, steals everything she can get hold of. Twenty-sixth, acting badly, wont keep her clothes on; she has pain in her stomach. February, same delusions. March sixth, abdomen enormously bloated. Seventh, abdomen still much

swollen; limbs are œdematous. Twenty-fifth, much improved mentally; is quiet, orderly and neat. April, doing very well mentally; suffers some with toothache; has Herpes Zoster. May, improving from day to day; eats and sleeps well; quiet and well behaved. June, greatly improved; sews and conducts herself rationally; is pleasant, and says nothing about her former delusions. July, is quiet and well-behaved. Patient continued to do well and was discharged recovered September 27, 1894. Diagnosis, mania, acute.

Remedies.—Hyos.; Nux; Lycopod.; Kali Ferr.; Rhus; Ars.; Merc. Viv.; Colocynth.

Case 12. (3594.) Male; admitted August 25, 1892; age, 37; single; native of United States; occupation, farmer; habits, intemperate; father was insane; first attack; duration of attack, three weeks.

Certificate of insanity states that he had threatened to kill those about him; wanders about the house at night watching for robbers; imagines robbers are in the house; would break into the rooms of different members of the family. Says that "niggers and strange men are trying to get into the place." At times is very depressed; at other times very excited.

On admission temperature, $99\frac{2}{3}$; pulse, 100; pupils widely dilated; heart's action weak and irregular; face changes from one expression to another, representing fear, anger, anguish, etc. Gesticulates violently when talking; throws himself about the bed; very weak; all his symptoms are worse at night. August twenty-sixth, passed urine in his bed during night; said he was in a great many different beds during the night; slept all night; pulse, 108; temperature, 100. Twenty-seventh, stronger; eating fairly well; liquid nourishment. Thirtieth, pulse, 108; temperature, $99\frac{2}{3}$; frontal headache; very restless; language incoherent. "Lizzie expected to see you here; did you drive into the town, doctor?" Mistakes the identity of those about

him. Thirty-first, mumbling incoherently; very restless; slips down in bed. September first, very restless and tremulous. Third, temperature, 99; pulse, 96, weak; respiration, 24. "Now let that woman go home about her business, and let me alone; I want to see that woman go to the bottom of the sea." Hallucinations of sight and hearing. Fifth, "I have not had anything to eat since the milk train left last night." Says they do not give him anything to eat; temperature, 100; pulse, 108; respiration, 32. Continues in about this condition until September seventeenth, when he became more excited, very apprehensive and fearful of his life. "They all cry down on——; Shoot him! Kill him! Kill——." Hears voices come through the steam radiator plotting to kill him. This condition continued until September twenty-first, with high temperature and pulse, when the voices almost ceased. Said he felt scared, but could not tell why; still very restless and depressed. Continues to improve from this time, and on October seventh was up and dressed, free from hallucinations, eating and sleeping well. October tenth, doing well; walks about the ward; says he has a distinct recollection of coming to the institution, but no recollection of anything else since, until he came to himself a few days ago. Had no recollection of friends visiting him. Continued to improve, and was discharged May twenty-eighth recovered. He weighed when discharged 156 pounds, an increase of twenty-one pounds. Diagnosis, mania, acute.

Remedies.—Nux Vom.; Stramonium; Belladonna; Cannabis Indica, and Ignatia.

Case 13. (+158.) Male; admitted June 11, 1894; age, 55; widowed; nativity, United States; occupation, bayman; number of attack, first; duration of attack, one month; temperate; attempted suicide.

Certificate states that he was depressed and suicidal; told the physicians who examined him that he had become a nuisance to

everybody on account of the smell about him ; says he is all cut up. "I have been thinking of setting the world on fire." Jumped from an attic window twenty-eight feet ; said he intended to kill himself ; imagines his family is burning up, and that he is to burn also. Refuses to take food ; very violent, furious, and raving at times. On admission temperature, $100\frac{2}{3}$; pulse, 120 ; face flushed ; very weak and restless. Twelfth, temperature, $100\frac{1}{4}$; pulse, 121. Will not take any medicine, bites on the spoon ; resists everything that is done for him. Does not pass his urine ; catheterized ; face flushed, and skin very hot ; temperature, $101\frac{1}{4}$, will jump out of bed and dive head first into any place — into a window, the wall, or the floor. Utterly incapable of control over himself ; is sleeping but three or four hours out of twenty-four. Sixteenth, noisy, restless, incoherent, and very resistive ; slept none. Eighteenth, temperature, $103\frac{2}{3}$; pulse, 136 ; respiration, 31 ; very restless and noisy, calls for water, then yells when it is brought that "it will set the house on fire." Frightened at the sight of water ; mouth and tongue very dry ; very apprehensive. Nineteenth, will not talk ; very restless ; temperature, $101\frac{2}{3}$; pulse, 120 ; respiration, 30. Patient continued in critical condition, with slight variations of above symptoms (temperature and pulse varying from temperature 104 to 99 ; pulse, 130 to 80) until the middle of July, when his condition commenced to improve. Patient had been operated upon before admission for ulcer of rectum. During his serious sickness bowels moved involuntarily ; diarrhoea. For this condition Aloes internally. Hot water treatment (injections) was employed, and with success. Patient steadily improved after the middle of July, and went home October 24, 1894, recovered. Diagnosis, melancholia, acute.

Remedies. — Acon. ; Bell. ; Stram. ; Podo. ; Arnica ; Rhus Tox and Aloes.

Case 14. (4005.) Male ; admitted November 13, 1893 ; age, 53 ; married ; native of Ireland ; occupation, railroad con-

tractor; temperate; attempted both suicide and homicide; no insane relatives; third attack; age at first attack, 21 years; duration of present attack, one month; remote cause, predisposition; excited cause, overwork and worry.

Certificate states that he was violent, dangerous and destructive; homicidal and suicidal; lay in bed and talked in a disconnected, rambling way about his attempt to kill his son. A month ago became greatly depressed, left his work, could not sleep, moaned and bewailed his fate. Continued to grow worse until the night of November twelfth, when he made an attack on his son with a razor and cut him badly in the face. He was overpowered or murder would have resulted. His son was asleep at the time of attack.

On admission the patient's son stated that the patient had been working hard on railroad contracts and worrying a great deal; that a young student, who was his timekeeper, talked religion to him most of the time. Dysentery set in, and he was obliged to give up his contracts uncompleted; he became very depressed, could not sleep; no appetite; his leading delusion was that he was a sinner and that nothing could be done for him, that he was beyond help. Temperature, $101\frac{1}{4}$; pulse, 104; respiration, 22; will not talk; very restless; wants to fight constantly. Fourteenth, temperature, $102\frac{1}{4}$; pulse, 120; respiration, 40; perspiring very freely; complains of sharp pains through head. November fifteenth, temperature, $101\frac{1}{4}$; pulse, 112; respiration, 36; quiet and very weak, the result of constant struggling and restlessness. Sixteenth, temperature, $102\frac{1}{2}$; pulse, 112; respiration, 32; somewhat weaker, but taking his nourishment, and better natured; "I was condemned for murder, and brought to Middletown through hell." Seventeenth, temperature, $101\frac{1}{2}$; pulse, 114; respiration, 32. Eighteenth, temperature, $100\frac{3}{4}$; pulse, 96; respiration, 32; at times very excited and restless;

will fight and bite; makes every effort to hurt some one. Nineteenth, temperature, $99\frac{1}{2}$; pulse, 84; respiration, 28; troubled somewhat with dyspepsia. Twentieth, temperature, $99\frac{1}{2}$; pulse, 80; respiration, 28. Twenty-fourth, temperature, $99\frac{1}{4}$; pulse, 80; respiration, 28. Made a violent attack on attendant; very cross. Twenty-fifth, temperature, 99; pulse, 82; respiration, 26. Twenty-sixth, temperature, $98\frac{3}{4}$; pulse, 80; respiration 28. Twenty seventh, temperature, pulse and respiration normal; is growing stronger, and mind clearer gradually; has to be watched closely, as he is easily irritated and is annoying to other patients. January, 1894, is up and dressed and helps about the ward. February, doing well, eating and sleeping well, and gradually regaining his physical and mental strength. May first, left for home with his son. Discharged recovered. Diagnosis, mania, acute.

Remedies.—Aconite; Bryonia; Belladonna; Hyoscyamus.

Case 15. (3240.) Male; admitted August 7, 1891; age, 44; clergyman; married; five children; nativity, United States; temperate; first attack; duration of attack, four months; meditated suicide; physical condition, weak; weight, 122 pounds; temperature, $99\frac{1}{2}$; mother and grandmother insane; remote cause predisposition; exciting cause, overwork and worry.

Certificate states that he was greatly depressed; that he thought he had committed the unpardonable sin; that he had been cut off by God; that he wanted to be safe from assault to himself or from himself by confinement; dwelt constantly on his delusion that he was lost; takes no interest in outside matters; says there is a scandal about him which has been published in all the papers. He has "ruined his family."

Family history states that present attack commenced with insomnia about four months ago; began with a fright; thought one night that his wife was dying; became very depressed. About two weeks ago conceived the idea of the scandal, as

mentioned in certificate, that people were indignant and were going to mob him.

Patient states that as a boy he masturbated, and when he grew up was generally intemperate; says he had even gone to houses of ill-fame; that he always looked after woman to "lust after her;" that he had committed the unpardonable sin. "It is the hand of God. I am lost, lost, lost." Has many revolting delusions in regard to himself; awful sinful deeds he has committed. "I can never be happy again." Says his memory has failed, and he is sure he has paresis. "I have simply to stare justice and death in the face; every passage in the Bible is against me." His appearance is that of absolute despair and hopelessness. Will not eat; talks constantly of the disgrace he has brought on himself and family; that his wife has applied for a divorce; does not sleep; has no physical pain; tongue coated white; pupils dilated; pulse, 84. Says his sexual organs are all gone, and that he is impotent. August ninth, says his case is hopeless; that the papers will contain the full account of his great crimes in the most glaring head lines. Says his wife and children have all been strangled; that he sees their faces and knows they are dead; exaggerates all his acts. Fourteenth, feels as if his whole body is foul and rotting away; sleeping better; mind dwells on sexual matters and the sexual crimes he has committed. Seventeenth, looks very solemn. September fifteenth, not eating well; pale; anæmic; delusions. October fourteenth, is looking better, but still thinks he is lost. November second, says that he is waiting for death; very much depressed; believes he has contracted syphilis. January 6, 1892, wanted to be permitted to go out and freeze to death. "Nothing is too bad for me." Fourteenth, says he feels hopeful now, as he thinks he will live a thousand years, and will have to suffer all that time; kept in bed in hospital;

complains of headache on top of head, as if knives were sticking in head. March first, slowly but steadily improving, but still thinks he has some terrible disease. April first, talking about wanting laudanum; wants the wife of his room-mate to get it for him; watched very carefully. Fifteenth, in as bad condition as when admitted; talking constantly about his sins and thinks he will give everybody on the ward syphilis; sleeping poorly; has been up and dressed for sometime. Put to bed in hospital May first. Says his wife has committed suicide and that he will not eat; has to be fed mechanically. Says the sins he has committed will keep one-half the world from salvation; has the appearance of intense mental suffering, with apprehension. Seventeenth, kneeling in bed with outstretched hands, calling in a loud voice to God to save certain persons. July first, down on his knees praying every opportunity he may get; still has to be fed; resists everything done for him; kicked two nurses in stomach; struggles and fights; nurses have difficulty in handling him without hurting him, as he struggles with such desperation and reckless disregard of consequences; will not speak. Twentieth, keeps calling out "Save me! Save me!" will not stop; wants to die; repeating, "Save the children! Save the children!" Twenty-sixth, "Saved! Saved!" repeats this constantly. Twenty ninth, resists everything; kicks and fights when approached; says he knows he is doing wrong, but does not seem to have any control over himself. Thirtieth, hands raised in supplication: "Saved! Saved!" Spits on the floor and in attendants and patients' faces; resists everything. Thirty-first, drank milk voluntarily; first time in many months; temperature, $99\frac{1}{4}$; pulse, 90; respiration, 22. August first, temperature, $98\frac{1}{2}$; pulse, 90; respiration, 22. Twenty-first, has yelled until he is hoarse. September first, mentally, the same. Ninth, temperature, $99\frac{1}{2}$;

pulse, 100; respiration, 24. Twenty-fifth, eating poorly; quieter but has same delusions. Twenty-eighth, fed with tube. September thirteenth, eating well; acting better. Sixteenth, "Save the children! Save the children!" Kept this up all night. Holds his hands up until they are cold and blue. October first, says that he sees the faces of his wife and children. "Saved from filth! Saved from filth!" Resists everything. November first, is improving daily in self-control, and in care of himself; helps attendants on the ward. Fourteenth same delusions; put back to bed and fed; thinks God wants him to go without eating, and says he is afraid of everything. January 1, 1893, visited by his wife; same delusions; talks the same about himself; spits in attendants' faces; resistive as ever. February first will not take medicine; depressed constantly. April, has not changed any; in bed in hospital; fed with tube. Fifteenth, sees the faces of his children. May first, will not speak; sits up in bed; keeps saying "save" in a loud voice; voice hoarse; temperature, 98 $\frac{1}{4}$; pulse, 100; respiration, 22. October first, "I am an offering to God." Praying constantly; hands and feet cold; circulation is sluggish; no pain. January 1st, 1894, stronger; up and dressed; restless; walks about a good deal, and dislikes to make any change in his dress from week to week. April first, thinks he should oppose and resist everything done for him. May first, is doing better; is more reasonable; eating fairly well. Twenty-third, is doing better in every respect; eating and sleeping well. May 30, 1894, talks, looks and acts well, has a parole about the grounds. July first, continues to improve. August seventh, has preached in the chapel three times; went to ——— to spend a few days visiting a friend. Sixteenth, left on fourteenth inst., for ——— with his wife to remain a week; is buoyant in his manner; memory good, and good self-control. September 28, 1894, discharged recovered, and accepted the charge of a large church in one of our large cities. Diagnosis, melancholia, acute.

Remedies. — Ignatia; Pulsatilla; Iodine; Arsenic; Bryonia; Phos.; Aconite; Merc. Proto.; Belladonna.

Case 16. (3827.) Male; admitted March 21, 1893; age, 51; nativity, United States; occupation, hatter; habits, temperate; attempted suicide; no history of insanity; duration of present attack, six months; first attack; temperature, 98½; pulse, 90; weight, 100 pounds; single; remote cause, predisposition; exciting cause, worry.

Medical certificate states that the attack was gradual; patient depressed and suicidal; thinks that he has contracted a disease of a vile nature; thinks that he is being detained in a house of ill-fame. His chief delusion is that he is suffering from venereal disease, and that he gives it to others about him. He is despondent; very anxious and apprehensive; constantly muttering; refuses to eat; has called "police" from the window.

On admission circulation slow; temperature, 97½; pulse, 70; hands and feet inclined to be cold; very much constipated. Says there is not any one else on the earth; they have all gone; that he can not get off the earth, and is the only one left. March twenty-third, says his body is dead, but that his soul still lives; temperature, 97½; pulse, 80; respiration, 18. April, weight, ninety-five pounds; very constipated and depressed; stools very hard and dry after an enema. April fifteenth, thinks there is no chance of his ever getting well. Twentieth, bowels move regularly; somewhat more hopeful; mind a little clearer. Twenty-fifth, thinks he gives every one in the hospital the syphilis, and that he has not had anything pass him since last December; very positive in his assertions. May first, weight, 100 pounds; stronger physically, and mind clearer; still holds to the delusion that he has given every one the syphilis; not so depressed; is up and dressed, and helps some about the hospital, June first, weight, 123 pounds; temperature and pulse normal. If he retains delusions, never speaks of them. July first,

weight, 135 pounds; continues to improve; very cheerful; apparently has no delusions; has a parole about the grounds. August first, weight, 138 pounds; stout and strong; in good mental and physical condition. August thirtieth, paroled to go home with his sister; weight, 141 pounds. September twenty-eighth, discharged recovered. Diagnosis, melancholia, acute.

Remedies.—Ignatia and Aconite.

Case 17. (3800.) Male; admitted February 11, 1893; age, 21; native of United States; no occupation; habits temperate; mother insane; first attack; remote cause, heredity; exciting cause, masturbation.

Certificate states that patient's mother died insane; patient very excited. "I am hypnotized; I saw God last night; I have seen the devil." Would grate his teeth; yells and wants to fight; very treacherous. For the past seven years has acted very strange; has stolen from his friends; wandered away from home; unable to give any reason for his movements, yet able to narrate them correctly.

On admission his brother stated that six or eight months ago he stole money and went to Europe; went over in a cattle ship; his return passage was paid by some man who was a friend of his father's. Returned to Philadelphia, where he became violent; talked about remorse, repentance, etc. On admission, when asked a question, he would gasp for breath, shut his eyes, and then speak very rapidly, answering correctly. Held his hands up and called God to witness that what he said about his age was true. February twelfth, does not care to answer questions; temperature and pulse normal. Fourteenth, better self-control. Fifteenth, very excited; tore his shirt off; was kept in bed. Sixteenth, talks disconnectedly. "I am not insane. I know everything." Noisy. Eighteenth, will not take medicine; when asked why, replied: "That is a foolish question to ask me. I attend to my own business." Talks and acts like a child. Twentieth, taking his medicine. Twenty-

third, quiet and better self-control; eating and sleeping well. Twenty-fifth, very noisy this morning; singing and yelling; very resistive; says he has a right to do as he is doing, "and you know it." Talks silly, and acts like a child. Twentieth, taking his medicine. Twenty-third, quiet and showing better self-control; eating and sleeping well. Twenty-fifth, very noisy. Twenty-eighth, quieter this morning. March first, very noisy and violent; tried last night to clear out the hospital; very restless; has to be kept in restraint or he will bite, scratch and strike any one who comes near him. Fifth, can not be trusted in any manner; very treacherous, cunning and revengeful. Tenth, while out of restraint last night tried to get a cuspidore to throw at nurse; homicidal. Thirty-first, very obscene and abusive. April seventh, better behaved. Twentieth, very troublesome, noisy, destructive; careless in his habits; obscene, profane, threatening and abusive; sleeping poorly but eating well. April twenty-fifth, moods change rapidly; is a dangerous patient; struck a fellow patient in the nose this morning; at every opportunity tries to annoy weak and helpless patients. May fifteenth, no change. Twenty-ninth, very violent; struck a patient over left eye and cut the skin. July eighth, noisy, destructive, constantly quarreling; can not be trusted in any way. August first, same. September first, better natured, quieter. October first, has outbursts of dramatic furore. "I am Booth. No; Wilson Barrett. I am Jim Corbett." Constantly molesting other patients; abusive to attendants and doctors; at times violently maniacal; masturbates. Thirtieth, doing better; is easily irritated. November fifteenth, is now doing well; has no memory of recent actions of his since shortly after he was admitted; is exerting good self-control; eating and sleeping well. November nineteenth, says he can not sleep; feels as if he had electric shocks pass over him. Twenty-ninth, sleeping better. January 1, 1894, growing stronger, mentally and physically, gradually. February

first, doing well in every respect; cheerful; talks intelligently and has good control of himself. March twenty-ninth, paroled to-day in charge of his brother; went home. April 28, 1894, discharged recovered. Diagnosis, mania, acute.

Remedies.—Belladonna; Nux Vom.; Merc. Iod.; Cocculus; Phos.; Ac.; Staph.; Aconite.

Case 18. (4116.) Male; admitted April 20, 1894; married; five children, four living; nativity, United States; temperate; threatened suicide; first attack; duration of attack, four months; remote cause, predisposition; exciting cause, business troubles.

Medical certificate states: "Patient very depressed, and has threatened both suicide and homicide; said that he wanted to die; that he had lost all his money, and therefore his family could not live; sat with his head down, and only answered questions when urged to do so; thinks everyone is against him, and intending to rob him, and that he has lost all his money."

On admission his wife stated that patient was very nervous, could not sleep or eat; bowels torpid; stomach will not retain food; very depressed, can not see anything bright ahead, and with all the delusions given in the certificate (quoted above). Temperature, 98 $\frac{1}{2}$; pulse, 76; respiration, 20; dull, sore pain through head; a crawling feeling through arms and legs; says he thinks he has a tapeworm; very hypochondrical; very constipated; bowels have not moved for two days; is very depressed; does not think there is any help for him; says the mental depression followed physical weakness; was given injections of hot water daily, commencing with a pint, and increasing amount until patient had two quarts per day, which he retained. April twenty-second, thinks he is damned and ruined; dizzy, and can not remember anything he reads; kept in bed. May first, aches all over; bones ache; bowels more regular. Fourteenth, is improving mentally and physically;

bowels move daily, and he is acting with good self-control; went down town this afternoon and enjoyed the trip. June fifteenth, says he has pains that come and go, all over him. Twenty-fourth, paroled about the grounds with another patient; doing well, and showing no mental symptoms. August twenty-seventh, left home with his wife; discharged recovered. Diagnosis, melancholia, acute.

Remedies.—Nux Vom.; Hydras.; Pulsatilla; Bell.; Ignatia.

Case 19. (4119.) Male; admitted April 20, 1894; age, 26; single; native United States; occupation, stone mason; temperate; first attack; duration of attack, three months; remote cause, predisposition; exciting cause, ill health.

Medical certificate states: "Patient has been ill for several months with La Grippe. Patient states he is a prophet of the Lord; very excited; eyes wild; features haggard; manner nervous; very talkative on the subject of religion."

On admission patient states that about two years ago he had an attack of grippe followed by pneumonia, later by pyæmia. For the latter condition an operation was performed, and he was in a surgical hospital for a long time, as he recovered very slowly; became very depressed while in the hospital; after his recovery from physical disease, mind continued very depressed. Soon after he commenced to attend religious meetings, and became very excited. Says he has no objection to staying here and having his mind tried, but knows he is all right; hints at things he could tell, but thinks the time has not come. Is moved in all he does by the spirits; intimates that he holds direct communication with divine spirits who direct his movements. Says he would not be believed if he should tell all the things he knows; in fact, if he told some of the things he knew he might be hung; that he has been brought to a lunatic asylum for what he has already said. Has hallucinations of hearing. April twenty-second, quiet, but

very suspicious; does not care to talk much; complains of gas on stomach. Twenty-fourth, does not care to talk much. May first, holds direct communications with the Lord; is governed directly in everything by the Lord; very restless at night; will not take any medicine. Sixth, walking about his room with his coat turned inside out, reading his Bible; will not speak. Ninth, while out walking this morning got down on his hands and knees and ate grass like an animal; hallucinations of hearing; hears the Lord talking to him. Tenth, singing religious songs; crawling along the floor like a snake; tries to crawl over top of windows; on visit of physician was found sitting in his room with left foot and knee bare and handkerchief tied about his knee; says it is part of a ceremony. "I know I am right." Put in bed in hospital. Eleventh, very noisy and restless; throws his head about from side to side; calls out loudly. Fourteenth, noisy during the night; yells loudly; face flushed; pupils dilated. Temperature, $99\frac{1}{4}$; pulse, 96; respiration, 24. Twenty-first, temperature, $99\frac{1}{4}$; pulse, 96; respiration, 24. Twenty-second, temperature, $99\frac{1}{4}$; pulse, 84; respiration, 25; noisy all night; so violent has to be kept in restraint. June first, says he sees lice; strikes and bites; face very red. Fifth, quiet and sleeping well. Twenty-third, fairly good self-control; very thirsty; wants to drink constantly. July first, wants to show everything up. Twenty-third, sleeps from three to seven hours nightly; gradually growing more quiet; occasionally violent. August first, quieter; acting with good self-control. September first, says he remembered everything that happened while sick. October first, discharged recovered. Diagnosis, mania, acute.

Remedies.—Bell.; Stram.; Lycopod.; Bryonia; Merc. Cor.

Case 20. (3619.) Male; admitted September 20, 1892; age, 32; married; no children; occupation, cabinet-maker;

temperate; attempted homicide; native of Germany; temperature, $98\frac{1}{2}$; pulse, 90; tongue clean; pupils dilated; bowels normal; appetite good; heart and lungs healthy; number of admission, first; other hospitals, Ward's Island; number of attacks, four; duration of present attack, two weeks; causes, predisposition and fall from horse.

Certificate states: "Attack was sudden; became violent, dangerous, destructive and homicidal; attempted to kill his wife with a club; talks irrationally; "I marched last night in the parade with monkeys, elephants, etc. I am a soldier and can fight." Compelled his wife to go out doors at night, because he was afraid that the house would blow down, and threatened to kill her if she came in again.

On admission patient stated: "I got excited; I hold fort to my letter." Talked in a rambling way; has sore knee caused by kneeling on it so long in prayer. Tells a different story every few minutes. Temperature, $98\frac{1}{2}$; pulse, 76. September twenty-first, very excited; face flushed. Twenty-fifth, quieter, better self-control. October first, eating and sleeping well. Eleventh, wants some work to do; says he knows he was very sick, and is anxious to get well. Twenty-first, more restless, rambling in his conversation; talking to himself. November fifth, excited yesterday; tore up his slippers; restless. Fourteenth, transferred to hospital and, put to bed. Twentieth, sleeping poorly; noisy and restless. December first, acting in a proud and haughty manner; sleeping better. Sixteenth, very excited; talking incoherently. Seventeenth, very noisy, but goodnatured. Twenty-third, talking fast and constantly; face flushed; pupils dilated; will not stay in bed. Thirty-first, masturbating; very noisy. January first, from this time until June first his condition changed but little; noisy, yelling at top of his voice, or laughing and mumbling to himself. He was always destructive

of bed clothing, and never lost an opportunity to tear up his clothing; at times kept in restraint; during this time patient was generally good natured and ate well; slept poorly. June first, a slight improvement was noticed for the better; less restless and noisy; commenced to sleep better. July first, up and dressed and controls himself. August first, doing well in every respect; his improvement continued slowly but surely; working daily in the dining-room until April 1, 1894, when he went home recovered. Diagnosis, mania, acute.

Remedies.— Bell.; Hyos.; Stram.; Nux.; Rhus Tox.; Staph.

Case 21. (4048.) Male; admitted January 11, 1894; age, 23; single; native, United States; laborer; temperate; number of attack, first; age at time of attack, 23; duration of attack, three weeks; causes, predisposition and masturbation.

Medical certificate states: "He thinks his relatives have strong wires about his room to annoy him and prevent him from resting; very nervous, restless and apprehensive; getting flushed and pale by turns. Wanders away from home, seeking some place where he may have rest from wires. Says gunshots are fired to annoy him; fails to recognize his most intimate acquaintance."

On admission states that about eleven years ago was struck in the back of the head by the sweep of a derrick; three years ago fell off a handcar while in motion, and struck on his back; since this fall has not been of a very lively or cheerful disposition. Formerly was very cheerful and jolly. Has at times been very depressed; is very suspicious. About two months ago was taken sick—a stitch of pain through the back and head, where derrick struck him. Great and constant desire to pass urine, with very little ability to do so. Peculiar dizzy and confused feeling through his head. Believes that some one was

passing electricity through his head; thought at first that it was his mother; believes that he is an object of persecution, but can give no reason for it. January twelfth, depressed; complains of tired feeling through groin and hips; very distrustful and suspicious; apprehensive, easily frightened. Has delusions of persecution. January fifteenth, less apprehensive, brighter, eating and sleeping well, February first, seldom speaks of his persecutions. March first, says that he recognizes now that his suspicions were imaginative; is doing well, and is anxious to get well. Fifteenth, growing stronger daily; works about the ward; no delusions. March twenty-third, went home to-day with his mother. Discharged recovered. Diagnosis, mania, subacute.

Remedies.— Arnica; Sulphur; Aconite; Nux Vomica.

The means used for the care and cure of the insane have been established and developed by Dr. Talcott and his assistants, at the Middletown State Homeopathic Hospital, during the past eighteen years, and are briefly as follows:

As soon as a patient is received at the hospital, he is told the character of the institution and why he was brought here. His weight and height are taken, and he is sent to a ward. As much as possible of his history is obtained from his friends. After he has had time to rest, he is visited by one of the hospital physicians who notes the condition of his pulse, temperature and respiration. He notes carefully his appearance and general symptoms, both objective and subjective, mental and physical, and gives special instructions to the nurse in charge regarding each case.

Rest treatment.— If the patient is weak or excited, he is put to bed in one of the hospital wards, where he can be constantly watched both day and night. The hospital treatment is a special feature of this institution. We have about forty per cent. of all our patients in bed in large, light, well-ventilated

hospitals. All the suicidal, homicidal, destructive and filthy cases are cared for in bed, besides those who are physically feeble. In this manner we are enabled to keep them constantly under observation, and to keep them more tidy and better nourished than we would be able to were they up and dressed and about the wards.

In spite of the fact that we have several hundred patients in bed, many of them for years, a bed sore is almost unknown in the institution. The patients are all bathed and rubbed in the manner described in this paper; hot stimulating diet is given both day and night at frequent intervals. In fact, the insane patient is treated in the same way a sick sane person is cared for.

Forced alimentation.—This is a very important factor in the treatment of the insane. There seems to be hardly a form of mental disease which does not furnish its victim with some delusion about his food. The melancholic believes he is too vile and wicked to live, and that God commands him to starve himself to death; the maniac and the paranoiac often believes the food is poisoned; others believe the food is some decayed substance; in fact, the delusions are almost without limit.

With such delusions, the patient of course refuses to take sufficient nourishment, and it becomes necessary to administer his food by some artificial means. The apparatus commonly used at this hospital is known as "Paine's nasal feeding tube," which is a soft rubber tube, about eighteen inches in length. The tube, after being thoroughly oiled with sweet oil or vaseline, is passed through one of the nostrils to the stomach, the free end being attached to a rubber tube and a metal cap, which is screwed to a glass jar; on the top of the cap is attached rubber bulb, by pressing on which the liquid is forced into the stomach. All kinds of liquid foods may be administered in this manner.

At this hospital we use hot or cold milk, beef tea, bovine, beef extracts, beef peptonoids, Nestle's food, Mellin's food, malted milk, ale and beef, raw eggs, or a combination of any of these. Any article of diet that can be made into a liquid or held in suspension by any fluid may be utilized. The addition of about one teaspoonful of salt to a pint of liquid frequently acts very beneficially, the salt creating such a thirst that the patient will take liquid nourishment in the natural way, in spite of his delusions.

Patients may be fed with the tube several times a day, if necessary. In exceptional cases a patient is given nourishment per rectum, either in liquid form, or in suppositories.

Before any of the above methods are resorted to, every effort is made to induce the patient to take food in the natural manner; this failing, we do not wait for a patient to become exhausted from lack of nourishment, but proceed at once with the artificial method. The feeding is always done under the supervision of a physician.

Bathing.—All patients are required to bathe at least once each week; many of them are bathed several times each week; some are bathed three or four times each day.

The baths in use here are: The tub, the spray, the fine rain bath, the sponge or towel and the tepid alcohol and water baths. The patient is bathed in either hot, lukewarm or cold water, as the case seems to demand, always giving due consideration to the preference of the individual when it does not conflict with his best interests. The best water bath is hot water at first, and a finish with cold water dashed on the skin, followed with a brisk rubbing with coarse towels. Rest in bed or on a lounge, well covered, is recommended after a bath for all weak patients.

When a patient is too weak or excited, and is confined to his bed, he is bathed one or more times a day in the

following manner: To a couple of quarts of water add about two ounces of commercial alcohol, for its stimulating effect, and to lessen the liability to colds and bed sores; but one part of the body is exposed at a time, this is quickly bathed and thoroughly dried, followed by a brisk rubbing with the hands or a coarse towel. The entire body is gone over in this manner in a very few minutes, the quicker it is done the better.

All filthy patients, if not too weak, are taken to the bathroom and given either a fine rain or spray bath. This, we believe, is preferable to either the sponge or tub bath. It is cheaper, quicker, and certainly more cleanly, as it washes the filth from the body and immediately carries it away. A half a dozen patients may be thoroughly cleansed in this manner in the time it would require to draw a tub of water.

Excited and sleepless patients are much benefited by a sponge or towel bath once or twice a day. They usually become quiet or lest restless, and often fall into a refreshing sleep, which is, of course, very desirable in such cases.

Massage and rubbing.—The patients who, from weakness, violence or other causes, have to be confined to their beds, are massaged and rubbed with oil, either cocoa oil or cocoa butter is used. The oil is thoroughly rubbed on the skin until it is absorbed. Where there is much nerve disturbance a little Hypericum, say four per cent., may be added to the oil.

Many of the patients are very grateful for the rubbing. It nourishes the body, softens and makes the skin more pliable (which is frequently dry and harsh), and it improves the general condition of it, leaving it in better shape to perform its functions.

Care of the bowels.—Almost every one suffering from mental disease also suffers from constipation. Especially is this true in melancholia. Ninety-nine cases out of a hundred suffer from constipation. For this condition we do not give

a large dose of calomel, or compound cathartic pills, or anything of this character. But the patient is given an enema of hot water and olive oil, which usually produces the desired effect in a very short time. After the evacuation, the rectum and the sigmoid flexure are flushed; this is accomplished by injecting from one to four pints of clean hot water, which the patient retains. This warm water stimulates the bowels and it is also quickly absorbed and excreted by the kidneys.

Along with the carefully selected remedy this treatment for inertia of the lower bowel and constipation, in my opinion, has no equal. By this method the local condition is not only relieved, but the cause is removed; the muscular tone of the intestine is restored; the pressure on the blood vessels and consequent engorgement and hæmorrhoids are relieved.

The injections are continued at least once a day for from one to three months, or as long as may be necessary to relieve and cure the condition.

The care of the teeth.—The importance of properly caring for the teeth is well known to every one, but the fact that fully ninety per cent. of all the insane neglect their teeth may not be so generally known. But this is a fact, and the duty necessarily falls to the nurses, who give them every attention and care possible, under the extremely difficult circumstances. They either see that the patient does take proper care of his teeth, or she does so herself. All decayed teeth that can not be saved by proper filling are extracted by the hospital physicians. I know of no better place than this to say: We believe that a dentist should be employed in each of our State hospitals for the insane to attend to the teeth of all the charitable cases and all private patients who may desire such attention, the latter to pay a fair sum for this service; the revenue derived from this source would, we believe, be nearly sufficient to pay the expenses of a dentist.

Exercise and employment.—All patients who are able are urged to take outdoor exercise on the grounds of the institution at least twice each day when the weather will permit.

All who have sufficient intelligence and are able are persuaded to do some work and the kind which seems best suited to the individual. One may work in the garden, another in the laundry or kitchen, others may assist in the wards or in the sewing-room, or they may knit or crochet, always under advice and direction of one of the hospital physicians. No work should be allowed or enforced from the sick in a public hospital, except under medical supervision in each individual case, as many of them are homicidal or suicidal, or too weak and demented to be trusted.

Amusements and entertainments.—To amuse the victims of mental disease and cause them to forget for the time being their real or imaginary troubles, is a worthy act. Here we endeavor to do everything possible for their amusement. During the summer months we have games of baseball, tennis and croquet, shady walks, parties who stroll over the fields and through the groves and woods for wild flowers. On the lawn we have about 40,000 plants during the summer season. Nine months of the year we have dances, at least one each week, where several hundred patients and nurses assemble and mingle together, and forget their troubles for a couple of hours. Each Sunday we have religious services in the chapel for those who wish to attend, and there are many who do. The library is well filled with nearly 2,000 carefully selected volumes. Nearly every ward in the institution is furnished with at least one musical instrument, either a piano or an organ. We have a billiard and pool table; every ward has cards, checkers, dominoes, etc. All who are able to go are given one or more sleigh rides during the winter. Our wards are decorated with potted plants and cut flowers, and we have many pleasing pictures on our walls.

Restraint.—Seventeen years ago, when the present superintendent took charge of this hospital, the means of restraint were numerous. They consisted of wood cribs, leather muffs, belts and wristlets, straight jackets, and heavy chairs bolted to the floor. To-day we have none of them. When it is necessary to restrain a patient he is placed in a soft cloth “protection sheet,” which is fastened by means of buttons or strips of cloth to all sides of the bed. This sheet enables us to keep a patient in bed; it prevents him from injuring himself or others, and allows him to turn freely on his side, and is not at all uncomfortable or objectionable. A patient is never placed in a “protection sheet” without an order from the medical attendant.

Trained nurses.—We also have intelligent trained nurses, who are ever ready to do anything possible to make a patient more comfortable; to say a word to reassure those who may be in great mental distress; to smooth out a pillow or sheet, or to frequently turn the weak and helpless in a more comfortable position, or, if time will permit, to read to the convalescent. Much of the credit for the good results we have had at this hospital is due to our nurses. Many of them are on duty from twelve to fourteen hours out of the twenty-four. At times they are called upon to stay up with a patient all night, after having been on duty fourteen hours, yet they cheerfully respond and do everything possible to alleviate their suffering charges.

Medication.—The remedies prescribed for our patients are, in accordance with the teachings of Hahnemann, carefully selected to cover the totality of the symptoms according to the law of “*Similia Similibus Curantur.*” No drug restraint is employed.

Gynæcological Disorders and their Relation to Insanity.

By CLARA BARRUS, M. D.

Below is given a table of 100 cases examined in this hospital during the past year, the conditions being those noted at the time of examination, before any treatment was given.

Unlike the cases reported last year, the majority of these examinations were made whether the patient presented symptoms calling for a uterine examination or not; therefore, the conditions found give a fair idea of the amount of gynæcological work called for among insane women. They also show how necessary is a thorough physical examination of the insane, since the manifestations which would lead one to make a uterine examination are often wanting in these patients. Out of 100 cases here reported, only three complained of vertex headaches, pains in the back and limbs, and the bearing down feeling so often experienced by sane women suffering from uterine disorders. The surprising tolerance of pain and discomfort so common among the insane may account, in part, for the paucity of those symptoms which we ordinarily look for before resorting to a gynæcological examination. Then, too, the pain and discomfort felt by insane patients may often be misconstrued, and, while we get no expression of pain itself, we may get the expression of the delusions that they are pregnant; that electricity has been applied to them; that their persons are violated in the night; that they are being eviscerated, etc.

A perusal of the accompanying table will convince one of the truth of Morel's statement that, although the brain is always

the seat of insanity, it is not always the seat of its cause. It is by no means claimed, however, that insanity in all the cases here reported is of reflex origin.

A synopsis of the table is here given :

The ages of those examined range from 12 to 84.

Civil condition: Married, 58; unmarried, 42.

Menses: Climacteric passed, 39; 3 in whom it was induced by ovariectomy, and 1 is still undergoing the change; regular, 38; irregular, 18; profuse, 4; scanty, 2; amenorrhœa, 4; dysmenorrhœa, 3; puberty not established, 1; aggravation at menses, 13; insanity attendant on menstrual suppression, 3.

Leucorrhœa: Thirty-four cases, 13 of which have leucorrhœa profuse, and 4 very offensive.

Uterus: Seventeen show distinct post-climacteric atrophy; 9 enlarged uterine cavities; 12 enlarged cervixes; 43 erosions of varying degrees of severity, from slight irritations and abrasions about the os, to severe granular erosions; 7 lacerated cervixes, 1 having been repaired before admission; 8 unsymmetrical cervixes; 4 relaxed, atonic uteri; 17, retroversion; 3, anteversion; 7, latero-version; 8, normal uteri; 3, old adhesion around cervix; 3 cases of pin-head os; 2, cervix and vagina anæmic; 1, cervix and vagina cyanotic; 3, vaginitis; 1, procidentia; 1, juvenile uterus.

External genitalia: Normal, 35; perineum ruptured, 17; collection under clitoris, 13; nymphæ hypertrophied, 11; one nymphæ enlarged, 1; absence of nymphæ, 2; clitoris elongated, 2; nymphæ and clitoris very small, 4; cystocele, 2; rectocele 1; vulvitis, 3; hyperæsthia of vagina, 3; rigid hymen, 1; irritation about introitus vaginæ, 2; irritation about urethra, 3; œdema of labia majora, 1.

Anomalies and new growths: Malformation of vagina with no projecting crevices, ores being mere slits in vaginal mucous membrane, 3; acquired atresia vaginæ, 1; abnormal

growth of hair on genitalia, 2; sub-peritoneal uterine fibroid, 1; interstitial uterine fibroid, 1; uterine polypi, 5; urethral caruncles, 2; verrucæ vulvæ, 1.

Masturbation: Twenty-seven known; 7 suspected.

Mental, disease: Melancholia, 42 cases; 24 of which are acute, 16 are chronic, and 2 lactational. Mania, 19 cases; 5 of which are recurrent mania, 7 chronic mania, 4 acute mania, 3 puerperal mania. Dementia, 19 cases; 15 of which are terminal, 1 senile, 2 secondary, and 1 masturbative dementia. Paranoia, 10 cases. Imbecility, 4 cases. Nymphomania, 3 cases. Epileptic insanity, 3 cases.

Miscellaneous: Hæmorrhoids, 13; prolapsus recti, 1; sphincter vesicæ weakened, 2 ovariectomy previously performed, 4; clitoridectomy, 1; vaginismus, 1; patients with children born out of wedlock, 4; delusions of being pregnant, 6; delusions of violation in the night, 6; obscene in manner and conversation, 10; confess having masturbated since childhood, 9; scybala in rectum, 11; pains in back, abdomen, limbs and on vertex, 3.

When the gynæcologist learns that it is the exception rather than the rule to find an insane woman with normal pelvic organs, he is led to question how much these abnormalities have to do with the causation of insanity. If he belongs to the class which thinks that all causes of insanity have a peripheral origin, he finds himself in as advantageous a position as the individual who is said to be able to cite Scripture to his purpose, for he has an abundance of clinical material from which to quote. He is in danger of being blinded to the other side of the question—namely, the one held by those who believe insanity wholly due to defects of the central nervous system. But if he is searching for truth, and joins neither class of extremists, and if he is willing to abandon all preconceived notions, he finds himself where the searcher after truth always

finds himself—in a position where he suspends his conclusions, where he is cautious how he clings to any theory, and where he receives the positive deductions of others with not only a grain but a full ounce of salt.

The causes of insanity in women may be, nay, they probably are, as varied, and many of them identical with the causes of insanity in men; for we have always to remember that both before and after one is a wife and mother (and consequently subjected to the forms of puerperal and lactational insanity), one is a human being, and the elements that enter into the causation of mental aberration in women will develop along the line of the experiences and inheritances that come to her as a human being, *with the addition* of those which come to her as a human being of the female sex. Therefore, domestic troubles, reverses of fortune, worry and overwork, and excesses both in drink and in sexual matters, are among the causes of insanity in both men and women, together with the predisposing causes of a bad heredity, of consanguinity of parents, of epilepsy, etc. Besides these, women have the additional physical and mental strain resulting from the physiological crises which come to them as women—the establishment of puberty; the regularly recurring monthly period throughout their menstrual life (when uninterrupted by diseased conditions or by pregnancy); pregnancy itself, and the attendant perils of parturition; the puerperal state, and lactation; then, having undergone all these, the grand climacteric.

Now it must be remembered in enumerating all these causes of insanity that not one of them is sufficient *per se* to produce insanity. The normal human being is so constituted that he bears the ordinary troubles and trials of life (and even the extraordinary ones), and also the natural physiological crises, without any permanent disturbance in the equilibrium of the organism; when, therefore, any one of the [above-mentioned

experiences is the cause of mental aberration, we must acknowledge that, although a coöperating cause of the insanity may be found among these influences mentioned, yet the primary cause must be sought farther back, being bound up in the very warp and woof of the individual—in an unstable organization causing him to be disturbed by things which would produce only a temporary influence on a healthier organism. Therefore, when we hear of some one becoming insane from business reverses, from religious zeal, from the death of a dear friend, or as a result of a major or even a minor operation, we must simply regard this as the exciting cause—"the last straw that broke the camel's back"—while the real cause lies in what Maudsley calls "the tyranny of a bad organization."

Bearing these facts in mind, we can safely question what influence gynæcological disorders exert upon the insanity of women, either as causative factors, or as means of retarding cures.

Next to self-preservation, the reproductive instinct is the most dominant one of the animal kingdom. It of necessity follows that derangement of those organs which are the seat of the function of reproduction will have an important bearing on the physical and mental welfare of the individual.

One is led to ask why the generative organs should play a more important part in women than in men in the causation of disease. Gynæcologists explain it by saying that the ganglionic system of nerves in women is more developed than in men, the great center being the solar plexus. The intimate relation between the sympathetic and the cerebro-spinal nervous systems, their reciprocal action on each other, explains why we witness so many reflex functional disturbances from local lesions. At the same time we know that the gravest lesions of the reproductive organs do not cause mental disturbance

in some women, while the slightest local trouble affects others profoundly, and out of all proportion to the extent of the lesion found. For an explanation of this fact, we must consider the instability, in individual cases, of the central nervous system and its susceptibility to disturbing influences.

The influences of menstruation on insanity, or of insanity on menstruation, is an interesting question, but one concerning which it is hard to come to any conclusion, since the disturbance of this function must sometimes be regarded as a cause and sometimes as an effect of insanity. While there are some cases of acute hyperæmia of the brain and subsequent mania undoubtedly resulting from sudden cessation of the menses, there are many others where insanity is the forerunner of the amenorrhœa.

Cases of recurrent mania are quite apt to manifest their exacerbations at the recurrence, or the attempted recurrence, of the menses; these cases almost always have a history of neurotic inheritance.

Many insane women menstruate with as much regularity and as little disturbance, or even less disturbance, than an equal number of sane women. In fact, we are called upon less frequently, I believe, to prescribe for dysmenorrhœa in insane hospitals than we would be in caring for as many sane patients, although this may be due to the greater tolerance of pain among insane patients.

There are, however, many patients who evince marked aggravations at their periods. The violent are more violent, the obscene more obscene, the epileptics more furious, the melancholiacs more depressed, and the maniacs more exalted; although just the reverse of this is sometimes true, and, with the establishment of the flow, some cases of mania become calm and coherent, while some cases of melancholia experience a hopefulness which is observable in voice, manner, and entire

bodily expression. As a rule, amenorrhœa is more observed in melancholiacs, while those suffering from mania are more liable to menstruate with untroubled regularity.

Hardly any condition among the insane is so deplorable in its manifestations as the habit of masturbation. The perversion is, in any case, a lamentable one, but when observed, as it often is, in women who are by nature and training refined and cultured, and when thus observed, often accompanied by an incredible obscenity of thought, speech and manner, one is moved to do his utmost to help the patient abandon this practice.

We often find it stated that hypertrophy of the nymphæ, or of the clitoris, are signs of indulgence in this habit. A perusal of the accompanying table will show that while this anomaly is often found in masturbative cases, there are many others in which such hypertrophy is unaccompanied by any sexual perversion; and, moreover, there are also many cases where the perversion is found in patients with normal vulvæ, or in others where the nymphæ and clitoris are very small, or in still others where they are practically absent. Repeated excitation of the genitalia by masturbation probably results in hyperæmia of not only the external genitalia, but also of the uterus and its annexa; hyperæmia frequently induced leads to congestion, and congestion to hypertrophy, as a result of the exaggerated nutrition of these organs. But just why this hypertrophy should not result in all masturbative cases it is difficult to determine. Sometimes an hypertrophy of but one nymphæ is found.

A condition frequently found among the cases reported in the table is that of an accumulation of hardened secretion under the *præputium clitoridis*. This secretion in the thirteen cases mentioned is a hardened, semi-organized mass, so hard

in some instances as to merit the term concretion, the mass being held there by sort of superficial adhesions of the prepuce, and in many cases being removed with difficulty. That this should give rise to nervous irritation which would in many cases lead to pruritis and subsequently to masturbation is not to be wondered at, and enthusiasts in orificial surgery would probably assert that masturbation, when present, is the direct result of this condition alone. From the anatomical structure of this organ and its nerve supply, we can easily see that secretions retained as above mentioned will exert a pernicious influence on the female economy; it can hardly be otherwise; the removal of such secretions, and the destruction of the adhesions, naturally lead one to hope for favorable results to the mental condition. But we are here confronted with the fact that, while this condition is associated in many instances with the habit of masturbation, it is also found in cases where we have no reason to believe that the habit exists, although it might be urged that the condition may have given rise to other nervous disturbances quite as pernicious, if not to masturbation itself. The anomaly being found in some cases of chronic insanity, especially terminal dementia, we can not hope for an amelioration of the mental disorder, though we remove the condition. At the same time it would be an unjustifiable neglect to fail to remove, when possible, this condition which may exert so pernicious an influence on the nervous system. Not so the condition of elongation of the clitoris, the operation for the removal of which has been and is still so much in vogue. It seems to me to be a very reprehensible practice, inasmuch as the worst case of masturbation I have ever seen is that of a young woman who has had clitoridectomy performed. This patient had masturbated more or less all her life, and finally, after suffering from several

attacks of nymphomania, decided to have the clitoris amputated. The result was not only failure to relieve the nymphomania, but even an increase in its severity, causing a shameless and, almost literally, continuous indulgence in the habit.

Every one who has to do with this unfortunate class of patients finds to his disappointment that some cases will persist in the habit in spite of everything that can be done; padded mitts, restraining of hands and feet, the protection sheet, moral suasion—all means are tried to protect the patient from herself, with the result of seeing her, when thwarted, exhibit manifestations which show that she is indulging in a sort of vicarious masturbation, the center of excitation apparently being in the mind itself. Nevertheless, these facts should not deter one from removing every possible source of nerve irritation, nor from trying every known means to aid the patient in spite of herself to escape from the baneful practice.

In regard to sexual perversions we must, then, conclude that, while they undoubtedly produce psychoses, we also find that they are often an indication of already-existing disease; they are, in other words, the effect and not the cause of the insanity.

The cases having delusions of being pregnant are almost invariably among women who are passing or have passed the climacteric; they are also apt to be found in either unmarried women or widows, or in women who have long been separated from their husbands. Maudsley asserts that while women bear sexual excesses better than men, they suffer more than men do from the entire deprivation of the exercise of this function. The delusion that she is pregnant is apt to be associated with the one that the patient is violated in the night; cases of this kind receive from some authors the opprobrious term of "Old maid's insanity." Not a few of the delusions of having been violated in the night have

been traced to the occurrence of lascivious dreams; sometimes the patient expresses herself clearly as having had a dream of this nature; from another of less mental integrity one hears the expression of the belief that the condition is one of violation, and that she was drugged for the purpose.

The intimate clinical connection between sexual perversions and morbid religious zeal is one which all who have to do with the insane must have observed. The form of insanity popularly known as "religious melancholia" is almost invariably characterized by sexual perversions in some form or other. Patients who believe that they are the Virgin Mary, the bride of Christ, the church, "God's wife," and "Raphael's consort," are sure sooner or later to disclose symptoms which show that they are in some way or other sexually depraved. Some having this morbid self-feeling may have sufficient mental integrity left to conceal any such delusions that they may have, and yet are noticed to evince an unhealthy religious sentimentality which manifests itself in the perusal of religious books and topics, in the contemplation of mystical rites, and in a religious fervor that is all too plainly associated with an irritative sexual condition.

The survival of the sexual instinct in women years after the menopause strikes one as peculiar. Some of the worst cases of obscenity of speech and manner occur in women over sixty years old. One case of a woman sixty four years of age is peculiarly distressing. She has attacks of *furor uterinus*, mostly at night, at the same time she is a constant sufferer from androphobia; she is made uncomfortable at the sight of men, from hearing their voices, or even from knowing that they are in the house; not so much because of any desire which this knowledge begets, as because it induces a horrible fear in her waking hours which is apt to culminate in an erotic dream during sleep. Being a sensitive, refined

and conscientious woman, her life is a burden to her because of this constant, ineffectual struggle to overcome this feeling. Yet there are, at present, no manifestations of local trouble of any kind; the only departure from the normal being the post-climacteric changes one naturally expects to find at that age.

The peculiarity of the sexual instinct surviving so long after the menopause, or of its appearance before the development of puberty, is by no means so much to be wondered at as the presence of the instinct in a woman in whom there was a congenital absence of the uterus and ovaries—the absence being proven by an autopsy. The patient was in no way masculine, on the contrary, she was attractively feminine when sane. She suffered from recurrent mania, at which times she masturbated shamelessly, and, in her lucid intervals, proved the possession of the sexual instinct by her confession that she had long indulged in illicit intercourse with her lover. She excused herself on the ground that the instinct was very strong, and that her condition was such that she had no fear of pregnancy; furthermore, she said that since she had been created different from other women, she need not be subjected to the same rules of conduct as others. Another case was reported last year as probably one of congenital absence of the uterus and its annexa. Further examinations by rectal exploration have discovered something which is probably a rudimentary uterus. The patient has never menstruated; the vagina is a mere *cul-de-sac*. External genitalia and mammae normal; sexual instinct developed. Patient has had delusions of being accused of unchastity, and of pregnancy; talks in a silly manner about her “beau,” and is very susceptible to flattery. She has always been feeble-minded.

We naturally expect the transmission of an instinct will depend on the transmission of the organ. That a woman with congenital absence of uterus and ovaries should still possess the instincts, the expression of which is ordinarily dependent on these organs, can only be explained as one explains the transmission of other hereditary instincts in the lower animals—the young hare possesses the timidity, and the young fox the cunning, which they have inherited from a long line of progenitors, and though they should be born under circumstances where the resultant caution from the timidity, or where the exercise of the cunning were no longer necessary, those traits would still appear for several successive generations. The instincts which are common to the race, by transmission from generation to generation, (especially so fundamental and universal a one as the reproductive instinct), will not, therefore, fail to appear in the few isolated cases where there is a congenital absence or a rudimentary development of the organs upon which the manifestation of the function depends.

A glance at the table showing the number of cases of the different forms of mental disease in those having gynaecological difficulties, might lead one to form the erroneous opinion that these lesions are associated more often with certain forms of insanity than with others; for instance, there are thirty-six cases of melancholia, twenty one of dementia, only nineteen of mania, ten of paranoia and twenty-four miscellaneous. The fact that cases of melancholia and dementia are more tractable and more easily examined, while those of acute mania are with difficulty examined accounts for the increase in the number of the first-mentioned cases. Cases of paranoia are with difficulty persuaded to submit to gynaecological investigations because of the suspicious character of their delusions. It is

also often difficult to get patients with sexual perversions to submit to an examination; there seem to be two classes of these cases, the one class evincing an offensive alacrity, while the other submits, but with a feeling of apprehension and resistance that is quite characteristic of certain masturbators.

Probably every hospital has a certain number of women who have come to it with insanity following ovariectomy. The natural tendency is to form the conclusion that the operation has been the contributing cause of the mental disorder in these cases. But is it a fair conclusion? While this may be true in some cases, especially in those of neurotic temperament, it is also true of the four cases reported in the table, and of several others observed, that the operation had little, if any, bearing on the development of the insanity. In some instances, previous attacks of insanity existed months and even years before the operation as a *dernier resort* was attempted. In others, the history shows that the operation was performed several years prior to the manifestation of the mental symptoms, while other patients have been members of families having pronounced neurotic predispositions.

The effects of operations on those already insane can not be discussed at any length since very conservative measures in this respect are in vogue in this hospital. The operations performed during the past year have been limited to those for dilatation of the cervix, the removal of the polypi, the freeing of the *præputium clitoridis*, the curetting for endometritis, and in one case the breaking up of adhesions caused by a scalding douche, which had resulted in an *atresia vaginæ*. Of course, topical applications, hot vaginal douches and sitz baths, the corrections of malpositions as far as possible, and the other ordinary gynæcological procedures have been followed with varying results. How much the correction of these disorders has had

to do with the amelioration of the mental condition it is impossible to state; many of those treated have been cases of terminal dementia and other chronic forms of insanity; many of the acute cases had already begun to improve mentally before local treatment could be instituted, and not a few showed improvement in the local condition with little or no perceptible change in the mental disorder.

However, in the face of the fact that the majority of insane women present varying degrees of local lesions, one conclusion, at least, may be reached. We should examine each case as soon as possible to find whether or not there is any abnormality, and finding it, remove it just as far as possible; by so doing we shall have lessened the degree of nerve irritation, and shall have at least removed some "stumbling blocks" in the way of the patient's recovery.

Case.	Age.	Civil condition.	Number of children or miscarriages.	Menses.	Leucorrhœa.	Uterus.
1	56	S.	.....	Climacteric passed....	.....	Atrophied
2	72	S.	.....	Climacteric passed....	.....	.....
3	45	M.	.....	Climacteric passed....	.....	Atrophied; cervix and vagina anæmic; pinhead os.
4	47	S.	.....	Climacteric passed....	.....	Atrophied; old adhesions around a small cervix.
5	50	M	2 C. 8 M.	Regular and profuse ..	.....	Measures three and one-half inches. Cervix soft, flabby, enlarged; slight irritation about os.
6	27	M.	5	Appeared four months after parturition.	Yes.....	Hypertrophy; cervix enlarged; long and roughened erosion at os.
7	51	M.	6	Climacteric passed....	.....	Atrophy, right lateroversion.....
8	36	M.	2	Irregular	Yes.....	Retroversion; uterus relaxed and hypertrophied; cervix lacerated; posterior lip hypertrophied and eroded.
9	22	S.	.....	Regular dysmenorrhœa.	Yes.....	Ante-version
10	23	M.	1	Regular	Yes.....	Ante version
11	77	S.	.....	Climacteric passed....	.....	Interstitial fibroid.....
12	38	S.	.....	Climacteric induced...	Yes.....	Normal
13	46	S.	.....	Climaxis .....	.....	Commencing atrophy
14	54	S.	.....	Climacteric passed....	.....	Atrophy
15	47	M.	1 M.	Climacteric passed....	.....	Atrophy
16	34	M.	.....	Amenorrhœa.....	Profuse.....	Retroversion; long, pointed cervix; erosion.
17	43	M.	6	Regular .....	.....	Shot-like glands in cervix
18	34	M.	4	Regular .....	.....	Uterus very high in pelvis; cervix almost obliterated.
19	52	M.	?	Irregular and profuse.	.....	Cavity, three and one-half inches; cervix hypertrophied; granular erosion.

External genital organs.	Anomalies and new growths.	Masturbation.	Mental diseases.	Remarks.
Irritation about introitus vaginae.	.....	.....	Dementia, terminal.	Old hæmorrhoidal projections at anus.
Hymen unruptured and rigid; clitoris enlarged with hardened secretion under hood.	?	Yes..	Dementia, terminal.	Has always been feeble-minded. Has masturbated since youth.
Normal .....	.....	.....	Melancholia, acute.	Patient declares that she is five months pregnant, with "Jesus Christ's baby." Increases apparent size of abdomen by posture and clothing.
Hardened collection under hood of clitoris.	.....	.....	Melancholia, chronic.	Prolapsus of rectum for one and one-half inches, also an ulcerating mass of hæmorrhoidal tissue, which causes great distress at stool.
Perineum ruptured; cervix and vagina cyanotic.	.....	.....	Melancholia, acute.	Weakness of vesical sphincter in coughing or sneezing.
.....	.....	.....	Melancholia, lactational.	First child was born out of wedlock. Always suffers mental aberration during or after parturition.
Red, everted appearance of urethra.	.....	.....	Melancholia, chronic.	Scybala in rectum.
Cystocele .....	.....	.....	Melancholia, acute.	Albuminaria.
Hymen intact but easily distended.	.....	Yes..	Melancholia, acute.	Sexual delusions. Prurient interpretations of harmless speeches and acts of the doctor; thinks she is detained here for immoral purposes.
Normal .....	.....	Yes..	Nymphomania.	<i>Furor uterinus</i> at periods; tries to appear before men entirely nude. Accuses herself of masturbation and other horrible perversions since youth; says her insanity is due to practices resorted to to prevent conception.
Edema of labia majora and of anal tissue.	Uterine fibroid.	fi.....	Dementia, senile.	Edema of right lower extremity.
Normal .....	.....	.....	Melancholia, acute.	Neurotic inheritance. Delusions of growths in and a prolapsus of rectum. Old hæmorrhoids. Ovariectomy performed several years ago. Amorous, susceptible to attention from physicians; thinks she has been "spiritually" married to one. Talks much about "Jack the Ripper," and says a servant attempted the same thing with her.
Normal	Uterine polypus at os uteri.	Yes..	Mania, recurrent.	<i>Furor uterinus</i> at times. Horribly obscene.
Nymphæ enlarged....	.....	.....	Melancholia, acute.	Lameness, sacral backache and pains in knees. Scybala in rectum.
Nymphæ small; irritation near urethra.	.....	Yes..	Melancholia, chronic.	Masturbated in youth and even since marriage; denies it now. Induced a miscarriage fourteen years ago.
Fourchette present...	Vagina and pelvis very small.	.....	Dementia, secondary.	Vaginismus.
Normal .....	.....	.....	Melancholia, acute.	Committed suicide; other members of family have also done so.
Right labium majus swollen and ecchymosed.	Verruca vulva.	Yes..	Mania, chronic.	Scybala in rectum. Maltreats her body horribly.
Collection under hood of clitoris.	.....	.....	Dementia, terminal.	Curet shows a condition of granular endometritis.

Case.	Age.	Civil condition.	Number of children or miscarriages.	Menses.	Leucorrhœa.	Uterus.
20	55	S.	.....	Climacteric passed....	.....	Procidentia; abrasions at os uteri.
21	28	M.	3 C. 2 M.	Irregular	Yes.....	Retroversion; uterus and vagina anæmic; cervix bleeds easily.
22	17	S.	.....	Amenorrhœa.....	Profuse and offensive.	Right lateroversion; cervix very small and inflamed.
23	46	S.	.....	Climacteric passed....	.....	Uterus normal depth; cervix bleeds easily.
24	33	S.	.....	Regular	Profuse.....	Granular erosion of cervix.....
25	23	M.	2 C. 1 M.	Regular .....	.....	Slight erosion
26	35	M.	4 C. 1 M.	Regular	Yes.....	Laceration of cervix; severe erosion.
27	44	S.	.....	Climacteric passed....	.....	Atrophy; pin-head os.....
28	34	M.	3 C. 1 M.	Regular .....	.....	Cervix and vagina cyanotic.....
29	53	M.	5	Climacteric passed....	.....	Atrophy; measures two and one-half inches; abrasion on os, cervix and vagina.
30	35	M.	2	Climacteric induced...	Profuse.....	Cervix high up, hard to reach; extreme tenderness in posterior vaginal fornix.
31	58	S.	.....	Climacteric passed....	.....	Atrophy; no cervix projecting in vagina.
32	43	S.	.....	Regular .....	.....	Measures two and one-eighth inches; no projecting cervix.
33	24	S.	.....	Regular	Yes.....	Severe cervical erosion.....

External genital organs.	Anomalies and new growths.	Masturbation.	Mental disease.	Remarks.
.....	.....	Yes..	Dementia, masturbative.	Apprehensive and resistive.
Normal .....	.....	.....	Melancholia, acute.	Dragging pain in sacral region.
Ext. genitalia very small; hymen ruptured.	.....	?	Imbecility ...	With the amenorrhoea, patient became enormously stout and very demented. With the reappearance of the menses she became more active and intelligent, resuming her normal mental condition, which, at best, is that of feeble-mindedness.
.....	Sub - peritoneal uterine fibroid.	.....	Melancholia, chronic.	Negro; very deaf. Abdomen enlarged to the size of a seven months' pregnancy.
Nymphæ enlarged; collection about clitoris.	.....	Yes..	Dementia, secondary.	Masturbates openly, even before physicians. Aggravation just before menstrual periods.
Normal .....	.....	.....	Melancholia, lactational.	First child born two months after marriage. Present attack of melancholia came on two weeks after she began nursing her baby; hysterical.
Normal .....	.....	.....	Mania, puerperal.	Patient's child was born in hospital. Has hallucinations of hearing and is suicidal. Baby is 20 months old. Old hæmorrhoidal tumors at anus. Scybala in rectum.
Nymphæ absent; clitoris elongated; secretion under prepuce; urethral and vaginal irritation. Secretion under clitoris.	.....	Yes..	Imbecility ...	Has masturbated since her youth and comes of a family of masturbators.
.....	.....	.....	Paranoia	Old hæmorrhoidal projections at anus. Patient says she had an illegitimate seven months' baby when she was 22; that she lived with her husband seven years before she was married to him; that she has had immoral relations with various men. Profane and obscene at times.
Perineum ruptured...	.....	.....	Melancholia, chronic.	Scybala in rectum. Old hæmorrhoids.
Perineum ruptured...	.....	.....	Mania, recurrent.	Had ovariectomy performed six years ago. Recurrent mania for nine years.
Nymphæ enlarged....	Atresia vaginalis.	.....	Dementia, terminal.	Examining finger on traversing vagina two and one-half inches encounters what appear to be adhesions stretching across the walls, making a blind pouch. Vaginal calibre very narrow. By rectal touch can feel a small uterus. Patient says she used to menstruate regularly.
Normal	Vagina a short, narrow, conical pouch.	?	Paranoia	Vagina two inches long; no cervix discoverable; sound enters uterus through a slit-like opening at apex of the conical vagina. Rectal touch discovers a small uterus. Delusions of being violated in the night. Obscene and profane.
Extreme sensitiveness at vaginal orifice.	.....	Yes..	Nymphomania.	Sexual frenzy during examination. Delusions of "spiritual intercourse" between herself and a Sunday-school pupil. Hallucinations of sight and hearing; says nude pictures of her lover appear on the walls of her room at night.

Case.	Age.	Civil condition.	Number of children or miscarriages.	Menses.	Leucorrhœa.	Uterus.
34	26	S.	....	Irregular	Yes	Severe cervical erosion
35	31	M.	.....	Regular	Yes	Normal position
36	54	S.	.....	Climacteric passed....	.....	Vagina covered with minute reddish points.
37	48	S.	.....	Regular .....	.....	.....
38	28	S.	.....	Irregular	Yes	Adhesions from left of cervix to vaginal wall; slight erosion.
39	29	M.	2 C. 1 M.	Amenorrhœa	Yes .....	.....
40	29	M.	3	Regular	Yes	Normal position; severe granular erosion.
41	35	M.	1	Irregular and scanty dysmenorrhœa.	.....	Retroversion; enlargement and slight erosion of cervix.
42	43	S.	.....	Climacteric passed....	.....	Uterus small; hyperæsthesia of vagina.
43	34	S.	.....	Climacteric induced....	.....	Atrophy; cervix unsymmetrical..
44	32	S.	.....	Regular	Profuse	Retroversion; hyperæsthesia of vagina.
45	54	M.	3	Climacteric passed....	.....	Atrophy; cervical tissue hardened and nodular; erosion.
46	59	M.	2 C. 2 M.	Climacteric passed....	.....	Cavity three inches; cervix soft and congested; vaginitis; left lateral laceration has been repaired.
47	31	M.	1	Regular	Yes	Retroversion; measures two and three-quarter inches; os bleeds easily.
48	23	M.	1	Irregular .....	.....	Uterus flabby; laceration of cervix; bleeds easily.
49	46	M.	2	Climacteric passed....	Profuse	Atrophy; cervix hard and congested.
50	42	M.	1	Irregular	Yes	Granular erosion

External genital organs.	Anomalies and new growths.	Masturbation.	Mental disease.	Remarks.
Clitoridectomy has been performed.	.....	Yes..	Nym pho- mania.	Patient says she has always masturbated and can not help it. After removal of clitoris she was better for a time, but has been worse than ever since, masturbating shamelessly and almost continuously.
Normal .....	.....	.....	Melancholia, acute.	Increased depression at menstrual periods.
Normal	Os uteri a mere open- ing in va- ginal mu- cous mem- brane.	.....	Dementia, terminal.	Digital examination discovers what appear to be two os-like openings, one at the left and below the other; no projecting cervix. Only one, however, was pervious to the sound and only one discovered by the use of the speculum.
Left nymphæ en- larged.	.....	Yes..	Dementia, terminal.	Apprehensive and resistive.
Normal .....	.....	.....	Mania, acute.	Amenorrhœa during mania gave rise to the delusion that her physician, who had treated her locally, had seduced her. He had also used hypnotic suggestion.
Inflamed and suppu- rating.	Acquired atresia va- ginæ.	.....	Melancholia, acute.	Previous to admission patient took a scalding douche "by God's command"; adhesive bands stretch across the vagina, dividing it into partial pouches. The cervix could be felt through a small aperture made by these adhesions.
Nymphæ hypertro- phied.	.....	Yes..	Mania, puer- peral.	Patient was brought here soon after childbirth; was homicidal, suicidal, profane and obscene; extreme lewdness of speech and manner.
Normal .....	.....	.....	Melancholia, acute.	Burning and pressing pain on vertex; sacral backache.
Collection about the clitoris.	.....	.....	Melancholia, acute.	Menses ceased suddenly three years ago, at which time she became delirious for some time. Present attack followed some obscure abdominal disease.
Normal .....	.....	.....	Dementia, terminal.	Patient had an attack of melancholia in her twenty-third year; present attack began six years ago. The year previous to its inception both ovaries removed.
Normal .....	.....	Yes..	Paranoia	Becomes very wild and unmanageable at menses.
Normal; capacious vagina.	.....	Yes..	Melancholia, acute.	Old hæmorrhoids. Masturbates and comes of a family addicted to that practice.
Genitalia exsangui- nated.	Urethral car- uncle.	.....	Melancholia, acute.	Exhausting metorrhagia for ten years, till laceration was repaired. Hæmorrhoids. Scybala in rectum.
Hyperæmia	Ab normal growth of hair about genitalia.	.....	Melancholia, acute.	Scybala in rectum.
Nymphæ enlarged; clitoris very small.	.....	.....	Mania, puer- peral.	Insanity followed childbirth, although she had one attack before marriage. Mother insane. Hæmorrhoids.
Perineum ruptured...	.....	?	Paranoia	Hæmorrhoids. Obscene and profane; accuses herself of having lived a promiscuously immoral life on account of impotence of husband.
Nymphæ hypertro- phied.	Ab normal growth of hair on thighs and genitals.	?	Dementia, terminal.	Primary disease was mania (puerperal).

Casa.	Age.	Civil condition.	Number of children or mls. carriages	Menses.	Leucorrhœa.	Uterus.
51	46	M.	2	Regular	Yes	Retroversion; congestion of cervix
53	28	S.	.....	Regular	Yes	Erosion of cervix
53	46	M.	1	Climacteric passed .....	.....	Normal; vaginitis
54	45	M.	6	Irregular	Yes	Left lateroversion; cervix hypertrophied and eroded.
55	53	M.	4	Regular .....	.....	Retroversion; measures three and one-eighth inches; cervix hypertrophied; granular erosion.
56	28	S.	.....	Regular .....	.....	Retroversion; slight erosion
57	41	M.	3 C. 1 M.	Irregular and profuse.	Profuse	Anteversion; cervix enormously hypertrophied.
58	73	S.	.....	Climacteric passed	Profuse and offensive.	Prolapsus formerly
59	37	M.	3	Regular	Yes	Cervix lacerated; anterior lip hypertrophied; granular erosion.
60	13	S.	.....	Puberty not established.	.....	Juvenile uterus
61	35	M.	3	Regular .....	.....	Cervix hypertrophied; stellate laceration.
63	33	S.	.....	Irregular; dysmenorrhœa.	.....	Retroversion; slight erosion; rugæ vaginae prominent.
63	48	M.	1	Climacteric passed	Profuse	Anteversion; cervix soft and large.
64	50	M.	.....	Climacteric passed .....	.....	Cervix soft and flabby
65	64	M.	3	Climacteric passed .....	.....	Atrophy; abrasions on vagina
66	23	S.	.....	Regular .....	.....	Retroversion; hymen preserved; rugæ prominent.
67	44	M.	3	Regular .....	.....	Uterus measures two and one-half inches; lacerated cervix.
68	53	M.	.....	Climacteric passed .....	.....	Atrophy; abrasions on vaginal walls.
69	21	S.	.....	Regular .....	.....	Retroversion; cervix presented a dimpled appearance.
70	55	M.	6	Climacteric passed .....	.....	Cervix large for a postclimacteric one; abrasion on cervix.
71	44	M.	1	Regular .....	.....	Normal position; slight erosion
72	40	M.	3	Regular and profuse	Profuse and offensive.	Uterus high up in pelvis; cervix enlarged and eroded; right lateroversion.
73	49	S.	.....	Climacteric passed .....	.....	Atrophy; abrasions on vaginal walls; tiny polypus at os uteri.
74	53	M.	4	Climacteric passed .....	.....	Left lateroversion; cervix congested; abrasions on cervix, vagina and near urethra.

External genital organs.	Anomalies and new growths.	Masturbation.	Mental disease.	Remarks.
Perineum ruptured.....		?	Melancholia, acute.	Patient has the delusion that she is pregnant, having been violated in the night (she is a widow); tries to protrude abdomen and says there is milk in the breasts. Her mother was insane with same delusions.
Normal.....		Yes..	Paranoia	Has masturbated since she was 13.
Normal.....			Paranoia	Delusion that her husband gave her medicine to produce amenorrhoea.
Perineum ruptured.....			Melancholia, acute.	Delusions of being pregnant.
Normal.....			Dementia, terminal.	
Normal.....			Dementia, terminal.	
Normal.....			Epileptic insanity.	Epileptic attack appeared after birth of first child; her mother also had epilepsy following childbirth.
Cystocele and rectocele.			Epileptic insanity.	Profuse and offensive leucorrhoea for years. On examination found imbedded in the vagina a hard rubber pessary, roughened and foul with secretions. Patient was ignorant of its presence. Must have worn it eight years.
Normal.....			Paranoia	Thinks she is pregnant; that one of the physicians is her husband. Says she has had thirteen children — a delusion.
Hymen obliterated; introitus vaginalis large and gaping.		Yes..	Epileptic insanity.	Epilepsy since childhood. Masturbates; is untruthful, and a kleptomaniac. Obscene and profane. Mother is an epileptic.
Normal.....			Mania, recurrent.	Always insane at menses; lucid intervals between the periods. Scybala in rectum. Father and two brothers insane.
Nymphæ absent.....			Imbecility...	
Collection under hood of clitoris.			Paranoia	
Very large collection around clitoris.		?	Paranoia	Patient has delusions of husband's infidelity; believes the hospital is a brothel.
Nymphæ enlarged....			Dementia, terminal.	
Normal.....			Melancholia, chronic.	
Perineum ruptured....			Melancholia, chronic.	
Normal.....			Mania, chronic.	
Nymphæ enlarged and almost black in color.			Melancholia, chronic.	
Perineum ruptured....			Melancholia, chronic.	
Normal.....		Yes..	Dementia, terminal.	
Normal.....		Yes..	Melancholia, acute.	
Clitoris and nymphæ very small; hymen ruptured.	Uterine polypus.	Yes..	Melancholia, acute.	Hæmorrhoids; has masturbated since childhood. Hallucinations of bearing people accuse her of being pregnant and of having improper relations with a "black man." Goes about declaring her chastity.
Nymphæ enlarged; perineum ruptured.			Melancholia, chronic.	Hæmorrhoids.

Case.	Age.	Civil condition.	Number of children or miscarriages.	Menses.	Leucorrhœa.	Uterus.
75	30	S.	.....	Regular .....	.....	Normal position; anterior lip larger; cavity measures two and three-fourths inches; slight erosion.
76	34	M.	2	Climacteric passed.....	.....	Extreme atrophy; slight erosion..
77	15	S.	.....	Irregular and very scanty.	.....	Cavity two and one-eighth inches; tiny cervix; slight irritation about os.
78	44	M.	3	Irregular .....	.....	Old adhesions about cervix
79	37	S.	.....	Regular .....	.....	.....
80	39	M.	5	Irregular .....	.....	Retroversion; uterus two and three-fourths inches; bleeds easily.
81	63	M.	3 C. 3 M.	Climacteric passed ....	.....	Atrophy.....
82	30	M.	4	Regular .....	.....	Retroversion; cavity two and one-half inches.
83	33	S.	1	Regular .....	.....	Normal.....
84	44	M.	4	Irregular .....	.....	Normal position; cervix congested and unsymmetrical
85	28	S.	.....	Irregular .....	.....	Normal position.....
86	26	S.	.....	Regular	Yes.....	Uterus very small.....
87	45	M.	3	Amenorrhœa .....	.....	Normal position; cervix congested
88	44	M.	2	Irregular .....	.....	Retroversion; measures two and three-fourths inches.
89	38	M.	.....	Irregular	Yes.....	Left lateroversion
90	30	S.	.....	Regular .....	.....	Retroversion
91	54	M.	5	Climacteric passed ....	.....	Normal size and position.....
92	28	M.	2	Regular .....	.....	Normal.....
93	69	M.	.....	Climacteric passed ....	.....	Atrophy.....
94	46	S.	.....	Climacteric passed ....	.....	Lateroversion
95	42	M.	1	Irregular	Profuse.....	Cervicitis and vaginitis.....
96	28	S.	.....	Regular	Profuse.....	Slight erosion
97	35	M.	1	Regular .....	.....	Retroversion; cavity two and three-fourths inches.
98	47	S.	.....	Climacteric passed ....	.....	Atrophy.....
99	63	S.	.....	Climacteric passed ....	.....	Small, pointed cervix
100	51	M.	5	Climacteric passed	Profuse and offensive.	Uterus high in pelvis.....

External genital organs.	Anomalies and new growths.	Masturbation.	Mental disease.	Remarks.
Normal			Mania, chronic.	Very ugly at menstrual periods.
Perineum ruptured...			Melancholia, chronic.	Patient's mother and daughter were insane.
Collection under hood of clitoris.			Mania, acute.	Mania appeared after suppression of menses, and exacerbations always occur at those times. Menstrual blood scanty and almost black.
Perineum ruptured...	Uterine poly-pus.		Paranoia	Thinks she is four and one-half months pregnant. Says she has felt "life." Thinks men visit her in the night.
Normal			Mania, recur-rent.	Attack followed menstrual suppression. Very profane and obscene. Says she is "God's wife," and has had twelve children. So resistive that examination was unsatisfactory.
Perineum ruptured...		Yes..	Dementia, terminal.	Hæmorrhoids. Obscene and indecent in manner to men and women. Mother insane.
Nymphæ absent.....			Mania, acute.	Menses were always irregular and attended with more or less mental disturbance. Blood was always black. Father and two brothers insane.
Normal			Melancholia, acute.	Suicidal.
Nymphæ hypertrophied.		Yes..	Dementia, terminal.	Gave birth to an illegitimate child in this hospital three years ago. Mutilates and maltreats her own body.
Collection under hood of clitoris. Perineum ruptured.			Melancholia, acute.	Suicidal.
Normal		Yes..	Mania, chronic.	Violent and resistive. Examination unsatisfactory. Father insane.
Collection under hood of clitoris. Hymen intact.			Melancholia, acute.	Did not use speculum.
Perineum ruptured...			Mania, acute.	Very resistive. Suicidal. Mother and maternal uncle insane.
Normal	Uterine poly-pus.		Mania, chronic.	
Normal		Yes..	Melancholia, acute.	Very resistive.
Normal			Mania, chronic.	More excited at menstrual periods. Body covered with a growth of long, thick black hair. Very obscene.
Perineum ruptured...	Uterine poly-pus.		Melancholia, acute.	Delusions of being violated in the night.
Nymphæ enlarged.		Yes..	Mania, chronic.	Obscene and violent. Attack followed nine weeks after parturition. Mother and maternal uncle insane.
Perineum ruptured.				Scybala in rectum. Obscene and profane.
.....	Urethral car-uncle.		Melancholia, chronic.	Scybala in rectum.
Collection under hood of clitoris.		Yes..	Melancholia, chronic.	
Vulvitis			Mania chronic.	Ovariectomy several years ago. Large hernia in hypogastric region.
Hymen easily distended.		Yes..	Mania, recur-rent.	Aggravation at menstrual periods very marked. Says she is "God's wife" and "Raphael's consort."
Perineum ruptured...			Melancholia, chronic.	More hysterical at menstrual periods.
Very small			Melancholia, chronic.	
Hymen intact			Imbecility.	
Normal			Dementia, terminal.	

Contribution to the General Pathology of the Insane.

By Dr. ALES HRDLICKA.

The three months' work of measuring and examining the 1,000 insane inmates of the Middletown State Hospital was undertaken by me for the purpose of satisfying myself upon, and if possible, showing to others, the true state of the insane from this point of view.

During the last decennium there have arisen, on the foundation of Darwin and Quatrefage, two mighty schools of anthropologists on the continent, namely, the Italian, with Lombroso and Mantegazza in its lead, and the French, with Richet, Letourneau, Lefevre and others.

The crystallized object of this class of scientists is to establish, on the principles of heredity and related natural laws, the facts, that certain *psychical* abnormalities are in very close and more or less steady relations with certain *physical* abnormalities. They regard all psychical manifestations as conditioned and modified by material forces, and on this basis they try to connect certain classes of irregularities of the human family with certain physical peculiarities, and thus establish the so-called types, which, among those of genial, criminal, prostitute and others, embrace also that of insanities; and to contribute to the search of fact in this branch as much as lies in my power was my hope and the main cause of this work.

Having finished my task, I find myself ready to present the conditions as found, but only few conclusions respective to their

bearing. One thousand insane divided into sexes, and then the chief forms of alienation, shrinks to about 100 for each of the main of these, numbers too trivial to found upon many just decisions.

The mass, as a whole, presents certainly its peculiarities. Thousand insane and thousand healthy are too widely differing groups of people, physically besides mentally ; to define and establish the differences, however, a ten-fold number, with a proportionate one of healthy subjects, and all examined absolutely in the same way, would be needed — no less.

Yet, the work was far from being unsatisfactory, as even a glancing supervision of the accompanying tables will prove to the interested and understanding.

There have been examined besides the insane, and for the purpose of comparison, 110 sane subjects. These were taken from the employés of the hospital, and all were taken, impartially, who could be obtained. They include individuals of considerably varying ages and all positions, and, though insufficient for absolute proofs, yet they are very fit for comparison. It was found necessary to include this category of mentally sound on account of the possibility of discrepancies in the methods of different observers, and for the purpose of securing purer individuality to the work itself.

No details will be entered into on this report, nor any unsustainable theories built upon it. The words are to be but as a necessary glue to the figures, as an interpretation of the unexpressed, rather than deductions; these I leave to others, or future, that may yield me opportunities to advance this beginning much further.

All the subjects have been examined in as much as possible quiet condition, so as to avoid the unavoidable, when irritated, excitation of the heart, that might be thus included among the defects of that organ.

The examination consisted of (a) Inspection; this comprised, principally, the organs of the head and face, and had for its object to detect, first, any asymmetry of the face, head or their organs; second, any irregularity of the same; third, condition of eyes and hair. (b) Palpation of the head, for detection of any abnormalities in form or structure not visible to the eye. (c) Mensuration of the head. (d) Physical examination of the thoracic organs. (e) The ascertaining of the patient's weight, and, finally, (f) Inquiry as to hernia.

The mensuration was done in two ways: First, taking the round measures by the means of a tape measure, and, second, in taking the main diameters by a pair of well-constructed and scaled calipers.

Eleven measures were taken of each head, namely:

Surface measures:

1. Circumference—a circle passing across the occipital protuberance and middle of the forehead.

2. Surface measure from the occipital protuberance to the root of the nose.

3. Ear to ear, across the chin; this measure, as well as all subsequent, starting from the ears, was begun and ended at the supratragal notch—the most stable point of the whole ear.

4. Ear to ear, across middle of the forehead.

5. Ear to ear, straight across the head; this covers, practically, the line of coronal suture.

6. Ear to ear, across the greatest expansion of the skull. This point is detected easily, with some experience, and in most cases approaches the lambdoid suture.

Diameters:

7. Occipital protuberance to nasal root.

8. Occipital protuberance to the point of chin.

9. Ear to ear.

10. Separation of malar prominences. This diameter is very difficult to obtain properly, and can be so only with much practice. It is best taken from points situated at the angle of about forty degrees from the outer canthus of each eye, over the malars.

11. Separation of the angles of the lower jaw.

For all the measurements the metric scale was given the preference. It operates with large numbers; with decimals instead of fractions; operations with it are much more convenient; and, finally, it is the scale adopted by all anthropologists.

Defects of the skeleton, those of teeth and the lighter grades of defects of sight and hearing were omitted from registration, due to the difficulty of ascertaining in many of the cases their presence or origin. This is especially the truth about eyes and teeth; these latter are found in most of the patients in a state of much-advanced decay, when it is nearly impossible to say, even if examination be possible, which is not in many cases, whether there were any supernumerary or deficient teeth, or not.

In women a further difficulty was met on account of their abundant hair in some cases, which, probably, permitted some lesser irregularities of the head to pass unnoticed.

Taken in general, only pronounced abnormalities were included, and only those of *non-mechanical* origin. Many curvatures of the nose, facial and hair defects were excluded on this basis, and I am satisfied that very few, if any, have been included in the article.

The abnormalities were subdivided into the more grave and moderate, all the lighter cases being included into this latter.

Several irregularities of one and the same organ were registered separately, though only so far as they belonged to a distinct class.

Regarding the color of the hair, only the original shade was taken into account. Large numbers of prematurely gray heads are met with among the insane, yet it would be only with extreme difficulty and uncertainty, would any one want to decide which is and which is not premature.

Two main divisions were made, respectively, to color, namely, blonde and brunette. In the first are included pure blonde, red and light brown hair; in the second all the rest. A more thorough differentiation would be confusing on account of the many intermediary shades of color.

Regarding the internal examination only that of thoracic organs was undertaken, from obvious reasons. Much difficulty was met with in differentiating cardiac neuroses proper from simple states of depression or excitation, but the utmost care was taken not to include any of the latter. Three forms of neuroses were only included, namely, the heart, with weakened, nervous control: the very excitable heart; that with deranged nerve control, or the irregular heart; and that with exhausted muscle itself, or the feeble heart.

The greatest care has been taken to secure the proper diagnosis, and each individual case has been separately decided upon by the head physicians. Moral insanities, however, were included in the classes whose trait they carried, most of the comparatively small number falling under the head of terminal dementia.

So much for explanation, and now a few words of a general review.

The brief space allotted me forbids me to enter into details, and consequently I will restrain myself to simple statements.

Measurements.

The first striking moment is the general difference in the size of the skull of the two sexes. It has been shown long ago that the healthy female skull is generally smaller than that of the male of the same age and tribe of people, and the same difference is valid throughout also with the insane.

Still, there are some modifications. A reference to the two tables of sane persons shows, in the female, a diminution of size throughout. The circumference in women is two centimeters less than that of men, and all the other measurements thus from five to fifteen millimeters, in round numbers. When we take the final average measures of the insane we meet with similar difference in the surface records; the diameters of the female, however, are throughout *greater* than those of the male. The difference is not large. It amounts to .4 millimeters in the separation of the angles of the lower jaw, to .9 in that of malar separation, .8 in the antero-post. diameter, 1.9 in that of chin-occipital protuberance, and 4.0 in the transverse one, from ear to ear, a difference proving the *base of the skull and the face to be broader, in average, in the insane woman, than the man*; the mandibula is not longer, as it would appear from the numbers, but the occipital protuberance in women is situated generally somewhat higher than in men, and that causes the occipital-chin diameter to appear longer.

Except in this last respect, the measurements of the insane differ generally but very slightly from those of sane people, and I am certain that it is not, with slight exceptions, *in the measurements* that we are to seek a relation to insanity.

As to the classes of insanity, we find some remarkable conditions.

There is practically no difference in the same sex between the measurements of mania, melancholia and paranoia.

Dementia terminal presents *somewhat lower* than the mean measurements in the female ; no marked difference in the male patients.

Epileptic insanity in the female gives us *somewhat higher, but narrower skulls, with sub-average circumference*. In the male only the *narrowness* (shorter ear to ear diameter) is noticeable, the other figures approaching closely the general average.

Senile dementia gives us the *largest heads* in every respect, and in both sexes.

Among imbeciles the measurements are all below the average, and the forms of skulls most abnormal.

There exists no special difference in the various ages in one class of measures ; the average is proportionately the same, though we are liable to find larger heads in those more advanced in years, than in the younger ones.

Physical Examination of the Thoracic Organs.

This examination reveals some very interesting results. Out of 1,000 insane only six were found to suffer from decided pulmonary trouble ; and this proved in all cases to be some form of consolidation of the apices. Few cases of emphysema were met with, and few of asthma, but they were not included in the report, the emphysema cases being mostly of temporary character, and those of asthma, three or four in number, presenting nothing abnormal when examined between their attacks. The paroxysms themselves are very scarce in this class of patients, and in every case interrogated much lighter than before insanity set in.

Regarding the heart, it would be difficult to assert how many of all the cases examined possess an absolutely normal heart. Real, always demonstrable troubles, however, are found in less of the cases than would be expected. The

total percentage of organic heart troubles amounts to no more than 11.6 per cent. in the female, and 10.6 in the male, while in the sixty sane women the percentage was found to be 6.67, and in fifty men even 20 per cent. This last high number is, however, to be accounted for largely by the presence among the examined of several semi-professional baseball players, almost all of whom suffer from cardiac hypertrophy. Excluding these, the percentage would shrink to 12 per cent. of all the organic cardiac troubles, and 4 per cent., instead of 12, of the hypertrophies.

The comparison of all the numbers shows us a preponderance of cardiac trouble among the insane in every form of disorder, except hypertrophy, mitral insufficiency and irregular heart. Had the number of sane persons been larger, or equal to that of the insane, I am certain the percentage of these three forms of disorder would still have been higher in the insane. Besides this, the forms of cardiac irregularity differ materially from the others. Two of the female cases were those of palpitation, and the one male was a "tobacco heart." As a general view it may be held that most of the cardiac troubles in the insane preponderate over those in the sane, though not in such a proportion, as I stated already before, as might be theoretically expected.

A glance at the special forms of insanity shows us organic heart disease to be most prevalent among paranoiacs and senile dementeds of both sexes. So in the female the percentage in paranoia reaches 15.68 (the total average percentage being 11.6) and 15.79 in senile dementia. In the male, where the general average percentage is 10.6, senile dementia reaches 13.34 and paranoia 19.05 per cent. The maniacs of both sexes are rather below average.

Melancholiacs in female are below, in the male slightly above the average.

Epileptic insanity gives a higher average of both organic and functional troubles in the female, lower in the male; all the epileptics, however, have slight functional cardiac derangements and most of them slight hypertrophies or dilatations, which could not, from their light character, be well included in the records.

Out of the five female imbeciles, no one presents a cardiac derangement. Out of fourteen males with the same trouble, we find 21.5 per cent. of organic and 7 per cent. of functional troubles.

General paresis in male shows about average number of organic, but one considerably higher of functional derangements; of the female paretics, there are only two cases in the hospital, and in both the heart was found fairly normal.

So much for measuring and examination. They both, though showing certain differences, would not of themselves establish a permanent physical difference between the sane and insane. We have, however, another much more prolific source of information, and that is the examination for congenital defects and malformations, these dysharmonies of the human system, which, when present, can not otherwise but correspond to others, inner, undetectable as yet, irregularities of nervous centers, that stand again, in turn, in direct relation to abnormalities of functions, and thus to insanities.

Out of 500 female patients, in 236, or 47.2 per cent., and out of the same number of male, in 452, or 90.4 per cent., were found some structural abnormalities, more than a half of which of grave character. The same proportions in the inspected sane are respectively 41.7, and 66 per cent., numbers quite high, but consisting of by far greater proportion of the slighter grades of anomalies, as will be seen by the first glance at their final tabulation.

The most common abnormalities found were those of ears. They were grouped under three main headings, namely :

(a) Ears with completely attached lobule (oreilles a anse).

(b) Irregular ears, or those presenting decided abnormalities in structure of the whole external ear, or its individual parts; and

(c) Ears presenting deficiency of their eminences more or less — the flat ears.

Both latter classes were subdivided further into the graver cases and the slight, or moderate.

Too small, too large, too long, too narrow and very abstaining ears were included into the group of miscellaneous abnormalities.

The next greatest group included the too early synostoses. They appear very prevalent even in the sane, and are, in general, the source of most of the skull irregularities. They bear close relation to rachitis; they manifest themselves by differing in size and extent depressions over their seat, and often by further abnormalities around these; in exceptional cases there are simple irregularities, or even ridge-like elevations.

The most common seat of early synostoses appears to be the posterior fontanelle. In the record they are included under the head of "depressions over the post fontanelle." Those over the anterior fontanelle and the sutures were included, being of comparatively much smaller number, in miscellaneous.

Next in number come facial deformities, which include all the abnormalities found in the face and its bones.

The other groups can not receive special mention here; be it remembered, however, that only spontaneous — if I may use this convenient term — deformities were included throughout, and not acquired, as far as it could be helped. It should not be understood by this that all the recorded anomalies are congenital, in the closest sense of the term, in their character; many are the

result of rachitis, early brain disease, and probably of some of the dyscrasiæ; it is all the *crippled* cases in any way, that were excluded.

Of irregular, decidedly irregular ears, we find in the insane woman 13.8 per cent.; in the sane, 1.67 per cent.; in the insane male, 38 per cent.; in the sane, 4 per cent. No words are necessary to this comparison.

Of the *slightly* irregular, whilst we find in the insane woman 15.4 per cent., we get 20 per cent. in the sane, and whilst 19 per cent. in the insane male, 38 per cent. in the sane, numbers illustrating that, though very few ears, comparatively, are regular, yet we are far more liable to meet with only the moderate deformities in the mentally healthy.

As to the classes of insanity, we meet with most irregular ears in the female chronic maniac, imbecile and senile dement; in the male, among dement terminal, senile dement and the imbecile.

Similar relation as with irregular exists between the sane and insane as to the flat ears—again the graver forms preponderating largely in these latter. In reality it would seem as if the well-developed flat ear was a special property of the insane, there being found in these 5.2 and 15 per cent. respectively to the male and female, and only one single case among the 110 of both sexes of the sane. Mania, terminal and senile dementiæ stand, regarding this deformity, at the head of the list in both sexes—especially senile dementia.

Facial abnormalities were not met with in the sane I examined—at least, not to such a degree as to warrant an inclusion; and the same is true of sub-occipital fossa.

Too early synostoses and consequent depression of the post. fontanelle are met with in 23.8 per cent. of insane and 14 per cent. of the sane man; in 6.6 per cent. of the insane and

11.67 per cent. of the sane woman. There is a much larger percentage here in the sane over the insane woman, yet I am satisfied this is only due to the small number of the sane examined. The largest percentage in individual insanities is met with, in insane women, among melancholiacs and imbeciles; in men, among paranoiacs and senile dementes; least, in both sexes, in epileptic insanity.

Of the other deformities, almost all were confined to the insane; one single case of irregular occiput, and one of whole skull irregular were encountered among the whole number of sane examined. The largest percentage of cases of irregular occiput was found among melancholiacs and epileptics in the women, and among melancholiacs, epileptics and general paretics in the male inmates; whole skull irregular, among melancholiacs and epileptics in the female, among maniacs and melancholiacs in the male.

Besides all preceding, sight and hearing abnormalities were inquired into, and the proportion of hernias. Almost all the older and longer insane have slight defects of sight and hearing, and it is very difficult to decide, especially with sight, from what grade the cases should be included. As a general rule, no instances of simple weak sight that could be accounted for by the age of the patient alone, were registered. As to hearing, the statements are much more reliable, the lighter grades being more easily differentiable.

The largest percentage of sight defects is found, in female, among the melancholiacs, maniacs and paranoiacs; of hearing, among paranoiacs. In the male, defects of sight, among epileptics and senile dementes; of hearing, among epileptics, senile dementes and general paretics.

Of hernia, four cases, or 0.8 per cent., were found in the 500 female patients; fourteen cases, or 2.8 per cent., among the 500 males.

Only traces of these last-mentioned conditions were met with in the examined sane.

Hair: General: As to the color of the hair, the brunette was found very preponderating over the blonde, about as nine to one; it surpasses that in the sane.

Regarding the different insanities *per se*, the following peculiarities are found:

Mania, female, presents a predominance of irregular and flat ears and sight defects; male, a predominance of flat ears and irregular or uneven skulls.

Melancholia, female, a predominance of occipital depression, irregularities of occiput, irregularities of skull, and sight defects; male, a predominance of organic cardiac trouble, of irregularities of the occiput and of the whole skull.

Paranoia, female, a predominance of defects of sight and hearing; male, a predominance of occipital depression.

Dementia, terminal, female, flat ear predominant; male, predominance of irregular and flat ears.

Epileptic insanity, female, skulls high, narrow, circumference subaverage, predominance of organic troubles of the heart, irregularities of the occiput and of the skulls; males, skulls narrow, organic cardiac troubles subaverage, predominance of irregular occiput, sight and hearing defects.

Dementia, senile, female, heads larger than the average, predominance of organic cardiac disease, irregular and flat ears; male, heads larger than average, predominance of organic cardiac troubles, irregular and flat ears, depression of occiput, and defects of sight and hearing.

Imbecility, female, head measures all below average, predominance of abnormal skulls, irregular ears and occipital depression; male, head measures all below average, predominance of abnormal skulls, irregular ears and organic troubles of the heart.

General paresis, male, high number of functional cardiac derangements, predominance of irregularities of occiput, and defects of hearing.

I have used up all the allotted-to-me-space already, and, though much is left uncompleted, and though I could not say a word about the relation of the various conditions to the different ages, I can not but say my few words of conclusion :

Taking all the preceding facts together, and considering them impartially, as I have tried throughout, can there be any doubt of the preponderance of physical defects, and especially of graver structural abnormalities in the insane? Let the steel language of the figures show us, if not the words; and, seeing, how far have we to the deductions that all those abnormalities *must* stand in some relation to insanity?

No more, therefore, will I at present. If future will permit me to extend my work, and increase sufficiently the present small numbers, I will dare conclusions.

FEMALES—No. A.

Measurements :

D's.

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protab. chin.	Ear, ear.	Separation of malar.	Separation of mand. angles.
14-82	128	Mania.	54.21	32.63	29.57	29.08	32.88	34.29	18.31	20.08	12.99	11.43	10.3

Mean weight, 128.1 pounds; smallest, 81; greatest, 228. Color of hair: Blonde, 8; per cent., 6.25; brunette, 120; per cent., 93.75.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	14	10.9375
Number affected with functional troubles	8	6.25
Organic diseases of the heart	13	10.15625
Functional diseases of the heart.....	8	6.25
Organic diseases of the lungs	1	0.78125

Special:

	Number.	Per cent.
Tattooing	2	1.5625
Left-handed	2	1.5625

Forms of cardiac trouble:

		Cases.	Per cent.
Organic	{ Mitral insuff'cy	5	3.91
	{ Aortic insuff'cy	2	1.56
	{ c Hypertrophy	4	3.12
	{ c Dilatation ..	1	0.78
	{ Mitral insuff'cy; c aortic stenosis.....	1	0.78
Functional	{ Heart very excitable.....	3	2.34
	{ Heart very feeble	4	3.12
	{ Heart irregular	1	0.78

Forms of pulmonary trouble:

Chron. consolid. of the r. apex.....	1	0.78
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Structural abnormalities:

<i>Skeletal abnormalities.</i>		Number.	Per cent.
Whole number of patients presenting same		70	54.6875
Oreilles a anse		3	2.34
Irregular ears		24	18.75
Irregular ears, moderately		22	17.39
Flat ears		10	7.8
Flat ears, immoderately		11	8.59
Face {	Masculine	3	2.34
	Feminine		
	Asymmetrical		
Mouth			
Nose situated too low		1	0.78
Mandibula volum			
Malars volum			
Depress. over occip. fontanelle		10	7.8
Depress. over one or more sutures		1	0.78
Occiput. irregular		6	4.69
Other bones of skull irregular		2	1.56
Whole skull uneven and irregular			
Plagiocephalus			
Eyes strabismus		1	0.78
Hair {	Alopecia areata, 1	3	2.37
	Alopecia partialis, 1	3	2.37
	Lock of white hair, 1	3	2.37
Skeleton, etc.			

Miscellaneous :

	Cases.	Per cent.
Barba	6	4.69
Ears too large	1	0.78
Ears too thick	1	0.78
Ears too small	1	0.78
Ears too low	1	0.78
NOTE—Sight defective	20	15.625
Hearing defective	5	3.91
Hernia defective	1	0.78

FEMALES—No. B.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of mand.	Separation of mand. angles.
21-32	93	Melancholia, ac'te & chr.	54.3	32.73	29.35	29.27	33	34.29	18.4	20	13	11.39	10.21

Mean weight, 119.8 pounds; smallest, 62; greatest, 191. Color of hair: Blonde, 13; per cent., 13.98; brunette, 80; per cent., 86.02.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles	12	12.90
Number affected with functional troubles	5	5.376
Organic diseases of the heart	9	9.677
Functional diseases of the heart	5	5.376
Organic diseases of the lungs	3	3.226

Special :

Tattooing .....	.....
Left handed	1 1.07527

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Hypertrophy	5	5.376
{ c Dilatation	2	2.15
{ Mitral insuff'cy	2	2.15
Functional { Heart very excitable	3	3.226
{ Heart very feeble	2	2.15

Forms of pulmonary trouble :

	Cases.	Per cent.
Consolid. of the r. apex	1	1.07527
Chronic tuberculosis	2	2.15

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same	45	48.387
Oreilles a anse	2	2.15
Irregular ears	9	9.677
Irregular ears, moderately	17	18.28
Flat ears	3	3.226
Flat ears, moderately	5	5.378
Face { Masculine .....	.....	.....
Feminine .....	.....	.....
Asymmetrical .....	.....	.....
Mouth .....	.....	.....
Nose .....	.....	.....
Mandibula volum. ....	.....	.....
Malars .....	.....	.....
Depress. over occip. fontanelle	8	8.6
Depress. over one or more sutures	1	1.075
Occiput. irregular	7	7.527
Other bones of skull irregular	1	1.075
Whole skull uneven and irregular	1	1.075
Plagiocephalus .....	.....	.....
Eyes .....	.....	.....
Hair, extreme alopecia	1	1.057
Skeleton, etc. ....	.....	.....

Miscellaneous :

	Case.	Per cent.
Barba	1	1.057
Face too broad	1	1.057
Suboccip. depress.	1	1.057
Extreme vasomotor unstableness.	1	1.057
Ears too broad	1	1.057
Ears too abstaining	2	2.15
NOTE.—Sight defective	24	25.8
Hearing defective	5	5.376
Hernia	1	1.075

Females — No. C.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malaræ.	Separation of mand. angles.
18-73...	103	Paranoia.	54.19	89.63	29.29	29.27	33.05	34.59	18.33	19.90	12.93	11.30	10.94

Mean weight, 125.3 pounds; smallest, 76; greatest, 225. Color of hair: Blonde, 13; per cent., 12.74; brunette, 89; per cent., 87.26.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	16	15.68
Number affected with functional troubles.....	7	6.86
Organic diseases of the heart.....	16	15.68
Functional diseases of the heart.....	7	6.86
Organic diseases of the lungs .....	.....	.....

Special:

Tattooing.....	.....
Left handed .....	.....

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Hypertrophy	6	5.88
Organic { c Dilatation	1	0.98
Organic { Mitral insuff'cy	8	7.84
Organic { Mitral obstruction.....	1	0.98
Functional { Heart very excitable.....	5	4.90
Functional { Heart irregular.....	2	1.96

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same.....	35	34.3
Oreilles a anse	2	1.96
Irregular ears.....	9	8.82
Irregular ears, moderately.....	12	11.76
Flat ears.....	1	0.98
Flat ears, moderately	5	4.90
Face { Masculine .....	.....	.....
Face { Feminine.....	.....	.....
Face { Asymmetrical. ....	.....	.....

	Number.	Per cent.
Mouth		
Nose, bilobe tip....	1	0.98
Mandibula volum		
Malars volum.....		
Depress. over occip. fontanelle	5	4.90
Depress. over one or more sutures		
Occiput. irregular	3	2.94
Other bones of skull irregular.....		
Whole skull uneven and irregular		
Plagiocephalus		
Eyes { Strabismus Exophthalmos }	2	1.96
Hair		
Skeleton, etc.....		

Miscellaneous :

	Case.	Per cent.
Barba.....	2	0.98
Ears very small	1	0.98
Ears oblique	1	0.98
Ears very abstaining.....	1	0.98
Forehead slop. forward	1	0.98
Face very broad	1	0.98
Goitre	1	0.98
Oxycephalus	1	0.98
NOTE. — Sight defective.....	15	14.70
Hearing defective	10	9.80
Speed defective.....	1	0.98

FEMALES — No. D.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand angles.
20-79..	115	Dement term.	53.70	81.59	29.28	27.73	23.75	34.16	18.17	19.92	13.77	11.83	10.36

Mean weight, 115.7 pounds; smallest, 63; greatest, 196. Color of hair: Blonde, 11; per cent., 9.57; brunette, 104; per cent., 91.43.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	13	11.32
Number affected with functional troubles	14	12.17
Organic diseases of the heart.....	12	10.43
Functional diseases of the heart.....	14	12.17
Organic diseases of the lungs.....	1	0.87

Special:

Tattooing .....	.....	.....
Left handed.....	2	1.74

Forms of cardiac trouble:

	Cases.	Per cent.
Organic { Mitral insufficiency.....	5	4.34
{ c Hypertrophy.....	4	3.48
{ c Dilatation	2	1.74
{ Aortic obstruction	1	0.87
Functional { Heart very excitable.....	8	7.15
{ Heart very feeble	5	4.34
{ Heart irregular	1	0.87

Forms of pulmonary trouble:

Consolidation of both apices.

Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same.....	48	41.95
Oreilles a anse .....	.....	.....
Irregular ears..	13	11.32
Irregular ears, moderately.....	16	13.92
Flat ears.....	6	5.22
Flat ears, moderately .....	.....	43.48
Face { Masculine .....	.....	.....
{ Feminine . .....	.....	.....
{ Asymmetrical	2	1.74
Mouth .....	.....	.....
Nose, abnorm. large	1	0.87
Mandibula volum.....	.....	.....
Malars volum.....	.....	.....
Depress. over occip. fontanelle.....	5	4.34
Depress. over one or more sutures.....	2	1.74
Occiput. irregular	3	2.61
Other bones of skull irregular.....	.....	.....
Whole skull uneven and irregular ... ..	.....	.....

	Number.	Per cent.
Plagiocephalus.....
Eyes
Hair.....
Skeleton, etc.....

Miscellaneous:

	Case.	Per cent.
Barba	4	3.48
Ears too large.....	3	2.61
Ears too small.....	2	1.74
Ears too abstaining.....	6	5.22
Forehead sloping forward	1	0.87
Forehead too low	1	0.87
Fossette occip. moyenne	1	0.87
Chin projecting forward	1	0.87
Large, fatty fold over occip.....	1	0.87
Whole skin desquam.....	1	0.87
NOTE.—Sight defective.....	11	9.57
Hearing defective	4	3.48

FEMALES — No. E.

*Measurements:**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root	Ear, chin, ear.	Ear, forehead ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of mand.	Separation of mand. angles.
12-72	16	Epilept. insan..	53.45	33.74	28.69	29.07	32.38	34.58	18.23	19.70	13.60	11.16	9.96

Mean weight, 112.8 pounds; smallest, 76; greatest, 139. Color of hair: Blonde, 3; per cent., 18.75; brunette, 13; per cent., 81.25.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	2	12.50
Number affected with functional troubles.....	2	12.50
Organic diseases of the heart	2	12.50
Functional diseases of the heart	2	12.50
Organic diseases of the lungs .....	.....	.....

Special:

Tattooing .....	.....
Left handed .....	.....

Forms of cardiac trouble:

		Cases.	Per cent.
Organic	{ c Hypertrophy	1	6.25
	{ Aortic insuff'cy	1	6.25
Functional	{ Heart very feeble	1	6.25
	{ Heart very excitable.....	1	6.25

Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same	7	43.75
Oreilles a anse.....		
Irregular ears.....		
Irregular ears, moderately.....	4	25.
Flat ears		
Flat ears, moderately.....	2	12.5
Face {	Masculine	
	Feminine	
	Asymmetrical	
Mouth		
Nose.....		
Mandibula volum.....		
Malars volum.....		
Depress. over occip. fontanelle.....		
Depress. over one or more sutures		
Occiput. irregular	1	6.25
Other bones of skull irregular.....		
Whole skull uneven and irregular	2	12.5
Plagiocephalus.....		
Eyes strabismus.....	1	6.25
Hair		
Skeleton, etc.....		

Miscellaneous:

	Cases.	Per cent.
NOTE.—Defects of sight.....	1	6.25
Defects of hearing.....	1	6.25

FEMALES — No. G.

*Measurements:**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ea.	Ear, forehead, ear.	Ear, ea.	Ear, greatest ex'pon. ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand. angles.
22-51...	5	Imbecility.	52.86	31.76	26.76	28.54	22.64	33.98	18.02	19.22	12.48	10.96	10.04

Mean weight, 131.3 pounds; smallest, 107; greatest, 160. Color of hair: Brunette, 5; per cent., 100.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....
Number affected with functional troubles
Organic diseases of the heart.....
Functional diseases of the heart.....
Organic diseases of the lungs.....

Special :

Tattooing .....	.....	.....
Left handed.....	.....	.....

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same.....	5	100
Oreilles a anse .....	.....	.....
Irregular ears.....	1	20
Irregular ears, moderately.....	2	40
Flat ears.....	1	20
Flat ears, moderately	1	20
Face { Masculine .....	.....	.....
Feminine .....	.....	.....
Asymmetrical	1	20
Mouth .....	.....	.....
Nose .....	.....	.....
Mandibula volum.....	.....	.....
Malars volum.....	.....	.....
Depress. over occip. fontanelle.....	1	20
Depress. over one or more sutures .....	.....	.....
Occiput. irregular .....	.....	.....
Other bones of skull irregular .....	.....	.....
Whole skull uneven and irregular .....	.....	.....
Plagiocephalus.....	.....	.....
Eyes .....	.....	.....
Hair.....	.....	.....
Skeleton, etc.....	.....	.....

Miscellaneous :

	Case.	Per cent.
Barba	2	40
Chin deficient.....	1	20
NOTE.—Hearing defective	1	20

FEMALES — No. XXXI F.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest expt'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malar.	Separation of mand. angles.
55-59	19	Dementia sen.	54.2	33.6	29.5	29.1	33.4	34.1	18.33	20.13	13.22	1.55	10.34

Mean weight, 106 pounds; smallest, 80; greatest, 197. Color of hair: Blonde, 2; per cent., 10.526; brunette, 17; per cent., 89.471.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles	3	15.789
Number affected with functional troubles	2	10.526
Organic diseases of the heart	3	15.789
Functional diseases of the heart	2	10.526
Organic diseases of the lungs		

Special :

Tattooing		
Left handed		

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Dilatation	1	5.263
{ Mitral insuff'cy	1	5.263
{ Mitral insuff'cy and aortic stenosis	1	5.263
Functional. Heart very feeble	2	10.526

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same	13	68.42
Oreilles a anse		
Irregular ears	5	26.3
Irregular ears, moderately	2	10.5
Flat ears	3	15.79
Flat ears, moderately	1	5.26
Face { Masculine		
{ Feminine		
{ Asymmetrical		
Mouth, lips apish	1	5.26
Nose		
Mandibula volum.		

	Number.	Per cent.
Malars volum.....	.....	.....
Depress. over occip. fontanelle.....	1	5.26
Depress. over one or more sutures.....	2	10.5
Occiput. irregular.....	1	5.26
Other bones of skull irregular.....	.....	.....
Whole skull uneven and irregular.....	.....	.....
Plagiocephalus.....	.....	.....
Eyes, congen. blindness.....	1	5.26
Hair.....	.....	.....
Skeleton, etc.....	.....	.....

Miscellaneous :

	Case.	Per cent.
Barba.....	1	5.26
Face a mass of wrinkles.....	1	5.26
Frontals laterally depressed.....	1	5.26
NOTE.—Sight defective.....	1	5.26
Hearing defective.....	1	5.26
Hernia.....	1	5.26

FEMALES — No. H.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand. angles.
14-60..	23	Miscell....	54.53	34.07	29.22	29.29	33.09	34.87	18.17	19.91	12.54	11.09	9.79

Mean weight, 117.5 pounds; smallest, 88; greatest, 150. Color of hair: Blonde, 1; per cent., 4.546; brunette, 21; per cent., 95.454.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	3	13.638
Number affected with functional troubles.....	2	9.09
Organic diseases of the heart.....	3	13.638
Functional diseases of the heart.....	2	9.09
Organic diseases of the lungs.....	.....	.....

Special:

Tattooing.....	.....	.....
Left handed.....	.....	.....

Forms of cardiac trouble:

	Cases.	Per cent.
Organic { Hypertrophy.....	1	4.546
{ Dilatation.....	2	9.09
Functional: Heart very excitable.....	2	9.09

Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same.....	13	59.1
Oreilles a anse.....	1	4.546
Irregular ears.....	8	36.37
Irregular ears, moderately.....	2	9.09
Flat ears.....	2	9.09
Flat ears, moderately.....		
Face { Masculine.....		
{ Feminine.....		
{ Asymmetrical.....		
Mouth.....		
Nose, curved.....	1	4.546
Mandibula volum.....		
Malars.....		
Depress. over occip. fontanelle.....	3	13.638
Depress. over one or more sutures.....	2	9.09
Occiput. irregular.....	1	4.546
Other bones of skull irregular.....		
Whole skull uneven and irregular.....		
Plagiocephalus.....		
Eyes, drooping eyelids.....	1	4.546
Hair.....		
Skeleton, etc.....		

Miscellaneous:

	Case.	Per cent.
Ears very small.....	1	4.546
Ears very large.....	1	4.546
Suboccipital fossa.....	1	4.546
NOTE.—Sight defective.....	2	9.09
Hernia.....	1	4.546

MALES — No. A.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of	Circumf.	Occip. prot. n. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation malar	Separation of mand. angles.
20-79...	118	Mania	56.38	34.88	31.80	30.46	34.69	35.91	18.14	11.41	12.48	11.41	10.25

Mean weight, 144.2 pounds ; smallest, 90 ; greatest, 252. Color of hair: Blonde, 14 ; per cent., 11.86 ; brunette, 104 ; per cent., 88.14.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	10	8.47
Number affected with functional troubles.....	16	13.56
Organic diseases of the heart	10	8.47
Functional diseases of the heart.....	16	13.56
Organic diseases of the lungs .....	.....	.....

Special :

Tattooing	4	3.389
Left handed	1	0.847

Forms of cardiac trouble :

		Cases.	Per cent.
Organic	{ c Hypertrophy	5	4.237
	{ c Dilatation	1	0.847
	{ Mitral insuff'cy	2	1.694
	{ Aortic insuff'cy	2	1.694
Functional	{ Heart very excitable.....	11	9.32
	{ Heart very feeble	4	3.389
	{ Heart irregular	1	0.847

Structural abnormalities :

		Number.	Per cent.
Whole number of patients presenting same		102	86.44
Oreilles a anse		6	5.084
Irregular ears		38	32.2
Irregular ears, moderately		25	21.19
Flat ears		15	12.71
Flat ears, moderately		18	15.25
Face {	Masculine		
	Feminine		
	Asymmetrical	3	2.54

	Number.	Per cent.
Mouth .....	.....	.....
Nose .....	.....	.....
Mandibula volum.	8	6.78
Malars volum.	7	5.93
Depress. over occip. fontanelle	24	20.34
Depress. over one or more sutures	1	0.847
Occiput. irregular	9	7.627
Other bones of skull irregular.	1	0.847
Whole skull uneven and irregular	12	10.17
Plagiocephalus.	1	0.847
Eyes .....	.....	.....
Hair { Growth very irregular	1	1.694
{ Alopecia areata	1	
Skeleton, etc. ....	.....	.....

Miscellaneous :

	Cases.	Per cent.
Ears too small	2	1.694
Ears too large	3	2.54
Ears too narrow	1	0.847
Ears too abstaining	1	0.847
Face too broad	1	0.847
Frontal part of the skull very narrow	1	0.847
Forehead sloping backward	1	0.847
Ridge or. sagittal suture	1	0.847
NOTE.— Sight defective	11	9.32
Hearing defective	11	9.32
Hernia	5	4.237

MALES — No. B.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest expt'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand. angles.
21-78....	79	Melancholia.	56.24	34.77	31.96	30.54	34.07	35.69	18.31	19.19	12.54	11.85	10.2

Mean weight, 135.4 pounds; smallest, 92; greatest, 197. Color of hair: Blonde, 5; per cent., 6.33; brunette, 74; per cent., 93.67.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	11	13.927
Number affected with functional troubles.....	17	21.52
Organic diseases of the heart	10	12.66
Functional diseases of the heart.....	17	21.52
Organic diseases of the lungs	1	1.266

Special:

Tattooing	1	1.266
Ambidextrous	1	1.266
Left handed	1	1.266

Forms of cardiac trouble:

Forms of cardiac trouble.

		Cases.	Per cent.
Organic	{ c Hypertrophy	5	6.33
	{ c Dilatation.....	1	1.266
	{ Mitral insuff'cy.....	2	2.532
	{ Aortic insuff'cy	2	2.532
Functional	{ Heart very rapid.....	1	1.266
	{ Heart very excitable.....	3	3.798
	{ Heart irregular	3	3.798
	{ Heart very feeble	11	13.927

Form of pulmonary trouble:

Incipient phthisis, r. apex.....	1	1.266
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Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same.....	72	91.1
Oreilles a anse	4	5.064
Irregular ears.....	26	32.9
Irregular ears, moderately.....	17	21.52
Flat ears	10	12.66
Flat ears, moderately	12	15.19
Face {	Masculine .....	.....
	Feminine .....	.....
	Asymmetrical .....	.....
Mouth .....	.....	.....
Nose .....	.....	.....
Mandibula volum.....	5	6.33
Malars volum.....	4	5.064
Depress. over occip. fontanelle	19	24.053

	Number.	Per cent.
Depress. over one or more sutures	3	3.798
Occiput. irregular	11	13.927
Other bones of skull irregular		
Whole skull uneven and irregular	8	10.128
Plagiocephalus	1	1.266
Eyes, strabismus	1	1.266
Hair		
Skeleton, etc		

Miscellaneous :

	Cases.	Per cent.
Ears v. abstaining	1	1.266
Ears too long	1	1.266
Ears too narrow	1	1.266
Ears too large	2	2.532
Large depress. on both sides of sagital suture	1	1.266
Ridge on the sagital suture	1	1.266
Suboccipital fossa	1	1.266
Face very long and narrow	1	1.266
NOTE.—Sight defective	5	6.33
Hearing defective	7	8.86
Hernia	2	2.53

MALES—No. C.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'on, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of mairs.	Separation of mand. angles.
22-61....	21	Paranoia.	56.27	34.78	33.15	30.94	34.52	35.69	18.16	19.58	12.30	11.15	10.13

Mean weight, 142 pounds; smallest, 98; greatest, 174. Color of hair: Blonde, 4; per cent., 19.05; brunette, 17; per cent., 80.95.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles	4	19.05
Number affected with functional troubles	4	19.05
Organic diseases of the heart	4	19.05
Functional diseases of the heart	4	19.05
Organic diseases of the lungs		

Special :

	Number.	Per cent.
Tattooing	1	4.76
Left handed .....	.....	.....

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Hypertrophy	2	9.52
{ Aortic insufficiency	2	9.52
Functional { Heart very feeble	1	4.76
{ Heart very excitable	2	9.52
{ Heart irregular	1	4.76

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same	18	85.71
Oreilles a anse .....	.....	.....
Irregular ears	6	28.57
Irregular ears, moderately	3	14.286
Flat ears	2	9.524
Flat ears, moderately	3	14.286
Face { Masculine .....	.....	.....
{ Feminine .....	.....	.....
{ Asymmetrical .....	.....	.....
Mouth .....	.....	.....
Nose, deflected (cong.)	1	4.762
Mandibula volum .....	.....	.....
Malars volum .....	.....	.....
Depress. over occip. fontanelle	6	28.57
Depress. over one or more sutures	1	4.762
Occiput. irregular .....	.....	.....
Other bones of skull irregular .....	.....	.....
Whole skull uneven and irregular	2	9.524
Plagiocephalus	1	4.762
Eyes .....	.....	.....
Hair, abnormal, sloping	1	4.762
Skeleton, etc. ....	.....	.....

Miscellaneous :

	Case.	Per cent.
Ears too small	2	9.524
Ears too large	1	4.762
NOTE.—Sight defective	1	4.762
Hearing defective	1	4.762

MALES — No. D.

*Measurements:**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malar.	Separation of mand. angles.
21-84...	181	Dement term.	56.47	84.85	82.07	80.72	84.44	85.76	18.36	19.89	12.42	11.16	10.12

Mean weight, 141.2 pounds; smallest, 87; greatest, 238. Color of hair: Blonde, 17; per cent., 9.4; brunette, 164; per cent., 90.6.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	18	9.95
Number affected with functional troubles.....	25	13.82
Organic diseases of the heart.....	18	9.95
Functional diseases of the heart.....	25	13.82
Organic diseases of the lungs.....	.....	.....

Special:

Tattooing.....	3	1.6584
Left handed.....	1	0.5528

Forms of cardiac trouble:

<i>Forms of cardiac trouble.</i>		Cases.	Per cent.
Organic	{ c Hypertrophy	8	4.42
	{ c Dilatation	1	0.5528
	{ Mitral insuff'cy.	5	2.764
	{ Aortic insuff'cy.	3	1.6584
	{ Mitral obstruction.	1	0.552
Functional	{ Heart very excitable.	12	6.63
	{ Heart very feeble.	10	5.528
	{ Heart irregular.	3	1.6584

Structural abnormalities:

		Number	Per cent.
Whole number of patients presenting same.....		174	97.19
Oreilles a anse.....		6	3.316
Irregular ears.....		81	44.78
Irregular ears, moderately.....		33	18.24
Flat ears.....		36	19.9
Flat ears, moderately.....		24	13.267
Face {	Masculine .....	.....	.....
	Feminine .....	.....	.....
	Asymmetrical	3	1.6584

	Number.	Per cent.
Mouth { Oblique	1	0.5528
{ Distorted	2	1.1056
Nose { Cong. deflected	3	1.6584
{ Very broad at base	1	0.5528
{ Deep depression over the root	1	0.5528
Mandibula volum.	18	9.95
Malars volum.	7	3.87
Depress. over occip. fontanelle	50	27.64
Depress. over one or more sutures	3	1.6584
Occiput. irregular	21	11.61
Other bones of skull irregular	1	0.5528
Whole skull uneven and irregular	13	7.186
Plagiocephalus	3	1.6584
Eyes { Fissure too narrow	1	0.5528
{ Fissure distorted	1	0.5528
{ Strabismus	1	0.5528
{ Abnormal growth of	1	0.5528
Hair { Beard irregular	2	1.1056
{ Alopecia areata	2	1.1056
{ Abnormal alopecia	2	1.1056
Skeleton, etc.		

Miscellaneous:

	Case.	Per cent.
Ears too small	2	1.1056
Ears too large	6	3.316
Ears too abstaining	1	0.5528
Ears, muscles active	1	0.5528
Forehead sloping forward	1	0.5528
Forehead sloping backward	1	0.5528
Very large feet and hands	1	0.5528
Ridge over sagital suture	1	0.5528
Mongolian type	1	0.5528
Arms too long	1	0.5528
Chin too long	1	0.5528
Beard on the nose	1	0.5528
Depress. over front font.	1	0.5528
Visage very pale	1	0.5528
NOTE.—Sight defective	9	4.97
Hearing defective	17	9.4
Hernia	3	1.6584

MALES — No. E.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest expt on, ear.	Occip. prot. nas. root.	Occip protub. chin.	Ear, ear.	Separation of molars.	Separation of mand angles
33-38.	28	Gen. pares.	56.01	84.16	81.96	80.40	83.96	85.37	18.24	19.75	12.71	11.49	10.23

Mean weight, 139.2 pounds; smallest, 104; greatest, 188. Color of hair: Blonde, 4; per cent., 14.28; brunette, 24; per cent., 85.72.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	3	10.71
Number affected with functional troubles	6	21.42
Organic diseases of the heart	3	10.71
Functional diseases of the heart	6	21.42
Organic diseases of the lungs.....	....	.....

Special :

Tattooing	2	7.14
Left handed.....	....	.....

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Hypertrophy	1	3.57
{ c Dilatation	1	3.57
{ Mitral insuff'cy	1	3.57
Functional { Heart very feeble	4	14.28
{ Heart very excitable	2	7.14

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same	23	82.11
Oreilles a anse	1	3.57
Irregular ears.....	12	42.84
Irregular ears, moderately.....	4	14.28
Flat ears.....	1	3.57
Flat ears, moderately.....	3	10.71
Face { Masculine .....	....	.....
{ Feminine.....	....	.....
{ Asymmetrical	1	3.57

	Number.	Per cent.
Mouth .....	.....	.....
Nose .....	.....	.....
Mandibula volum.....	.....	.....
Malars volum.....	.....	.....
Depress. over occip. fontanelle.....	5	17.85
Depress. over one or more sutures	2	7.14
Occiput. irregular	5	17.85
Other bones of skull irregular.....	.....	.....
Whole skull uneven and irregular	1	3.57
Plagiocephalus.....	1	3.57
Eyes .....	.....	.....
Hair, lack of beard on the upper lip	1	3.57
Skeleton, etc.....	.....	.....

Miscellaneous :

	Cases.	Per cent.
Ears too large	1	.....
Ears too narrow.....	1	.....
NOTE.—Sight defective.....	3	10.71
Hearing defective	5	17.85
Hernia	1	3.57

MALES—No. F.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand. angles.
18-68 ...	85	Epilept. ins....	56.85	34.42	81.39	30.29	84.23	35.65	18.20	19.67	12.30	10.87	9.84

Mean weight, 138.6 pounds; smallest, 86; greatest, 211. Color of hair: Blonde, 4; per cent., 11.43; brunette, 31; per cent., 88.57.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	2	5.714
Number affected with functional troubles	2	5.714
Organic diseases of the heart	2	5.714
Functional diseases of the heart.....	2	5.714
Organic diseases of the lungs .....	.....	.....

	Number.	Per cent.
<i>Special:</i>		
Tattooing		
Left handed	1	2.857

Forms of cardiac troubles :

	Cases.	Per cent.
Organic. c. Hypertrophy	2	5.714
Functional { Heart very feeble	1	2.857
{ Heart very excitable	1	2.857

Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same	30	85.71
Oreilles a anse	1	2.857
Irregular ears	7	20
Irregular ears, moderately	7	20
Flat ears	3	8.571
Flat ears, moderately	7	20
Face { Masculine		
{ Feminine		
{ Asymmetrical		
Mouth		
Nose depressed (cong.)	1	2.857
Mandibula volum.		
Malars volum.		
Depress. over occip. fontanelle	5	14.285
Depress. over one or more sutures		
Occiput irregular	9	25.7
Other bones of skull irregular		
Whole skull uneven and irregular	2	5.7
Plagiocephalus	1	2.857
Eyes		
Hair		
Skeleton, etc		

Miscellaneous :

	Case.	Per cent.
Ears too large	1	2.857
Ears too abstaining	1	2.857
Deep groove over left parietal	1	2.857
Ridge over sagital suture	1	2.857
NOTE.—Sight defective	5	14.285
Hearing defective	6	17.142

MALES—No. LXIX G.

*Measurements:**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest ex. on, ear.	Occip. prot. nas. root.	Occip. protub chin.	Ear, ear.	Separation of malar.	Separation of mand angles.
16-51..	14	Imbecility	55.15	84.33	80.83	29.70	84 04	35.24	17.77	19.19	11.73	10.44	9.68

Mean weight, 127.2 pounds; smallest, 85; greatest, 204. Color of hair Brunette, 14; per cent., 100.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	3	21.43
Number affected with functional troubles.....	1	7.14
Organic diseases of the heart.....	3	21.43
Functional diseases of the heart.	1	7.14
Organic diseases of the lungs.....		

Special:

Tattooing.....		
Left handed		

Forms of cardiac trouble:

	Cases.	Per cent.
Organic { c Hypertrophy.....	2	14.28
{ Mitral insuff'y	1	7.14
Functional: Heart very feeble.....	1	7.14

Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same	12	85.68
Oreilles a anse.....		
Irregular ears.....	8	57.12
Irregular ears, moderately.....		
Flat ears	1	7.14
Flat ears, moderately	1	7.14
Face { Masculine		
{ Feminine.....		
{ Asymmetrical.....		
Mouth		
Nose.....		
Mandibula volum.....	2	14.28

	Number.	
Malars volum		
Depress. over occip. fontanelle	3	21.48
Depress. over one or more sutures		
Occiput. irregular	1	7.
Other bones of skull irregular		
Whole skull uneven and irregular		
Plagiocephalus		
Eyes		
Hair.....		
Skeleton, etc.....		

Miscellaneous:

	Case.	Per cent.
Lower jaw uneven.....	1	7.14
Macrocephalus	1	7.14
Head disproportionately high.....	1	7.14
Head abnormally small.....	1	7.14

FEMALES — No. H.

*Measurements:**D's.*

AGE.	Number of cases	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest ex'pon, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand. angles.
52-55...	15	Dement senil	56.6	35.12	33.31	30.51	34.25	35.79	18.33	20.11	12.91	11.51	10.49

Mean weight, 134.9 pounds; smallest, 112; greatest, 179. Color of hair: Brunette, 15; per cent., 100.

Thoracic organs:

	Number.	Per cent.
Number affected with organic troubles.....	2	13.34
Number affected with functional troubles.....	4	26.68
Organic diseases of the heart	2	13.34
Functional diseases of the heart.....	4	26.68
Organic diseases of the lungs		

Special :

	Number.	Per cent.
Tattooing	1	6.67
Left handed	1	6.67

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Dilatation	1	6.67
{ Aortic insuff'y	1	6.67
Functional { h v Feeble	3	20
{ h Feeble and irreg	1	6.67

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same	15	100
Orielles a anse .....	.....	.....
Irregular ears	8	53.36
Irregular ears, moderately	3	20
Flat ears	6	40.02
Flat ears, moderately	1	6.67
Face { Masculine .....	.....	.....
{ Feminine .....	.....	.....
{ Asymmetrical	1	6.67
Mouth .....	.....	.....
Nose, deflected (cong.)	1	6.67
Mandibula volum .....	.....	.....
Malars volum .....	.....	.....
Depress. over occip. fontanelle	5	33.35
Depress. over one or more sutures .....	.....	.....
Occiput. irregular	1	6.67
Other bones of skull irregular .....	.....	.....
Whole skull uneven and irregular	1	6.67
Plagiocephalus .....	.....	.....
Eyes .....	.....	.....
Hair .....	.....	.....
Skeleton, etc .....	.....	.....

Miscellaneous :

	Cases.	Per cent.
Ears, too large	2	13.34
NOTE. — Sight defective	2	13.34
Hearing defective	3	20
Hernia	3	20

FEMALES—No. I.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ea, forehead, ear.	Ear, ear.	Ear, greatest exp'on, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of ears.	Separation of mand. angles.
24-69...	9	Miscell....	56.12	34.85	31.80	30.73	34.36	35.60	18.58	19.86	12.68	11.13	10.19

Mean weight, 121 pounds; smallest, 104; greatest, 191. Color of hair: Blonde, 1; per cent., 11.1; brunette, 8; per cent., 88.9.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	1	11.1
Number affected with functional troubles	2	22.2
Organic diseases of the heart	1	11.1
Functional diseases of the heart.....	2	22.2
Organic diseases of the lungs		

Special :

Tattooing		
Left handed.....		

Forms of cardiac trouble :

	Case.	Per cent.
Organic. Mitral insufficiency.....	1	11.1
Functional { Heart very excitable.....	1	11.1
{ Heart very feeble	1	11.1

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same.....	6	66.7
Oreilles a anse	1	11.1
Irregular ears.....	4	44.4
Irregular ears, moderately.....	3	33.3
Flat ears.....	1	11.1
Flat ears, moderately.....	2	22.2
Face { Masculine		
{ Feminine		
{ Asymmetrical		
Mouth		
Nose		

	Number.	Per cent.
Mandibula volum.....		
Malars volum.....		
Depress. over occip. fontanelle.....	2	22.2
Depress. over one or more sutures		
Occiput. irregular	1	11.1
Other bones of skull irregular.....		
Whole skull uneven and irregular		
Plagiocephalus.....		
Eyes		
Hair.....		
Skeleton, etc.....		

Miscellaneous :

	Case.	Per cent.
Ears very large and abtaining.....	1	11.1
NOTE.—Sight defective.....	1	11.1
Hearing defective.....	2	22.2

SANE.

Females — No. V.

*Measurements :**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'n, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear.	Separation of malars.	Separation of mand. angles.
16-51....	60	.....	54.09	33.54	29.38	29.18	32.76	34.51	17.53	18.67	12.94	11.02	9.68

Mean weight, 131.8 pounds; smallest, 106; greatest, 161. Color of hair: Blonde, 14; per cent., 23.36; brunette, 46; per cent., 76.64.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	4	6.67
Number affected with functional troubles.....	6	10
Organic diseases of the heart.....	4	6.67
Functional diseases of the heart.....	6	10
Organic diseases of the lungs.....		

Special :

Tattooing	
Left handed	

Forms of cardiac trouble:

		Cases.	Per cent.
Organic	{ Mitral insufficiency	3	5
	{ Mitral obstruction.....	1	1.67
Functional	{ Heart very excitable	3	5
	{ Heart very feeble.....	1	1.67
	{ c Palpitation	2	3.34

Structural abnormalities:

	Number.	Per cent.
Whole number of patients presenting same	25	41.72
Oreilles a anse	2	3.34
Irregular ears	1	1.67
Irregular ears, moderately	12	20
Flat ears	1	1.67
Flat ears, moderately	4	6.67
Face {	Masculine .....	.....
	Feminine .....	.....
	Asymmetrical .....	.....
Mouth .....	.....	.....
Nose .....	.....	.....
Mandibula volum.....	.....	.....
Malars volum .....	.....	.....
Depress. over occip. fontanelle	7	11.67
Depress. over one or more sutures	1	1.67
Occiput. irregular .....	.....	.....
Other bones of skull irregular .....	.....	.....
Whole skull uneven and irregular .....	.....	.....
Plagiocephalus.....	.....	.....
Eyes.....	.....	.....
Hair .....	.....	.....
Skeleton, etc.....	.....	.....

SANE.

Males — No. Z.

*Measurements:**D's.*

AGE.	Number of cases.	Kind of disorder.	Circumf.	Occip. prot. nas. root.	Ear, chin, ear.	Ear, forehead, ear.	Ear, ear.	Ear, greatest exp'on, ear.	Occip. prot. nas. root.	Occip. protub. chin.	Ear, ear	Separation of malars.	Separation of mand. angles.
19-78....	50	.....	56.12	34.80	31.92	30.99	34.64	35.96	18.55	19.94	12.97	11.75	10.49

Mean weight, 163.2 pounds; smallest, 125; greatest, 215. Color of hair: Blonde, 9; per cent., 18; brunette, 41; per cent., 82.

Thoracic organs :

	Number.	Per cent.
Number affected with organic troubles.....	10	20
Number affected with functional troubles	2	4
Organic diseases of the heart	10	20
Functional diseases of the heart.....	2	4
Organic diseases of the lungs.....	....	....

Special:

Tattooing	1	2
Left handed .....	....	....

Forms of cardiac trouble :

	Cases.	Per cent.
Organic { c Hypertrophy	6	12
{ c Dilatation	1	2
{ Mitral insuff'cy.....	3	6
Functional { Heart very excitable.....	1	2
{ Heart very feeble	1	2

Structural abnormalities :

	Number.	Per cent.
Whole number of patients presenting same.....	33	66
Oreilles a anse .....	....	....
Irregular ears.....	2	4
Irregular ears, moderately.....	19	38
Flat ears.....	....	....
Flat ears, moderately	9	18
Face { Masculine .....	....	....
{ Feminine .....	....	....
{ Asymmetrical .....	....	....
Mouth .....	....	....
Nose .....	....	....
Mandibula volum.....	....	....
Malars volum.....	....	....
Depress. over occip. fontanelle.....	7	14
Depress. over one or more sutures .....	....	....
Occiput. irregular	1	2
Other bones of skull irregular.....	....	....
Whole skull uneven and irregular	1	2
Plagiocephalus .....	....	....
Eyes .....	....	....
Hair.....	....	....
Skeleton, etc.....	....	....

Miscellaneous :

	Cases.	Per cent.
NOTE.—Hearing defective.....	1	2

TABLE No. 1.
TOTAL OF MEASUREMENTS.

SEX.	Age.	Number of cases.	Kind of disorder.	SURFACE MEASUREMENTS.						DIAMETERS.				
				Circumference.	Occlp. prot. nasal root.	Har. chin, ear.	Har. forehead, ear.	Har. ear.	Har. greatest ex-panzion, ear.	Occlp. prot. nasal root.	Occlp. chin, prot.	Har. ear.	Separation of malars.	Separation of mandib. angles.
Women.	14-22	128	Mania.....	54.31	32.63	29.57	29.06	32.83	34.29	18.31	20.08	12.99	11.43	10.30
	21-29	93	Melancholia.....	54.30	32.72	29.36	29.37	33.00	34.29	18.40	20.00	13.00	11.39	10.31
	18-73	103	Paranoia.....	54.19	32.63	29.39	29.37	33.05	34.59	18.32	19.90	12.93	11.30	10.24
	30-79	115	Dem. ter.....	53.70	31.59	29.28	27.73	32.75	34.16	18.17	19.92	12.77	11.33	10.36
	12-73	10	Epilept. insanity.....	53.45	32.74	29.69	29.07	32.93	34.58	18.32	19.70	12.60	11.16	9.96
	55-59	19	Dement. senile.....	54.30	32.60	29.50	29.10	32.40	34.10	18.32	20.13	13.22	11.55	10.34
	22-51	5	Imbecility.....	52.68	31.76	29.76	28.54	32.64	33.98	18.02	19.32	12.48	10.96	10.04
	17-50	23	Miscellaneous.....	54.52	34.07	29.21	29.20	33.09	34.87	18.17	19.91	12.54	11.09	9.79
	Total.....	500	.....	53.92	32.59	29.21	29.92	32.84	34.36	18.26	19.86	12.81	11.36	10.15
Men.	20-79	118	Mania.....	56.28	34.88	31.89	30.46	34.69	35.91	18.14	19.47	12.48	11.41	10.25
	21-73	79	Melancholia.....	56.34	34.77	31.98	30.54	34.07	35.62	18.31	19.73	12.54	11.35	10.50
	22-61	21	Paranoia.....	56.27	34.76	32.15	30.64	34.52	35.69	18.16	19.58	12.86	11.15	10.12
	31-84	181	Dem. ter.....	56.47	34.35	32.07	30.73	34.44	35.76	18.26	19.82	12.43	11.16	10.12
	18-68	85	Epilept. insanity.....	56.35	34.33	31.39	30.53	34.23	35.65	18.30	19.67	12.90	10.81	9.84
	52-55	15	Dement. senile.....	56.00	34.12	30.51	29.33	34.23	35.73	18.33	20.11	12.91	11.51	10.49
	16-51	14	Imbecility.....	56.15	34.32	30.82	29.70	34.04	35.24	17.77	19.19	11.72	10.44	9.68
	32-63	28	General paresis.....	56.01	34.16	31.08	30.40	33.98	35.27	18.24	19.75	12.71	11.49	10.33
	34-69	9	Miscellaneous.....	56.13	34.55	31.80	30.72	34.36	35.60	18.54	19.86	12.13	11.13	10.19
Total.....	500	.....	56.16	34.59	31.82	30.46	34.29	35.61	18.21	19.69	12.43	11.17	10.12	
Total.	16-51	60	Sane female.....	54.09	33.54	29.38	29.18	32.76	34.51	17.53	18.87	12.94	11.02	9.68
	19-73	50	Sane male.....	56.13	34.80	31.92	30.99	34.64	35.95	18.55	19.94	12.97	11.75	10.49

TABLE No. 2.
TOTAL OF CARDIAC DERANGEMENTS.

SEX.	Form of disorder.	Percentage of		ORGANIC.					FUNCTIONAL.		
		organic disease.	functional disease.	Hypertrophy, per cent.	Dilatation, per cent.	Mitral insufficiency, per cent.	Aortic insufficiency, per cent.	Miscellaneous.	Heart very excitable.	Heart very feeble.	Heart irregular.
Female	Mania	10.15	6.35	3.135	0.75	3.90	1.55	0.75	2.84	3.12	0.75
	Melancholia	9.67	5.87	5.87	2.15	2.15	.....	.....	3.32	2.15	.....
	Paranoia	15.68	6.86	5.88	0.93	7.84	.....	0.93	4.90	.....	1.96
	Dementia, terminal	10.43	12.17	3.43	1.74	4.34	.....	0.87	7.15	4.34	0.87
	Epileptic insanity	12.50	12.50	6.35	.....	.....	6.35	.....	6.35	6.35	.....
	Dementia, senile	15.759	10.536	.....	5.35	5.35	.....	5.35	6.35	10.536	.....
	Imbecility	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Miscellaneous	13.638	9.09	4.546	9.09	.....	.....	.....	9.09	.....	.....
	Total average	11.50	8.00	4.30	1.80	4.30	0.90	0.80	4.40	2.80	0.80
Male	Mania	8.47	13.55	4.337	0.847	1.694	1.694	.....	9.32	3.390	0.847
	Melancholia	12.65	31.53	6.33	1.35	2.53	3.53	.....	3.75	13.09	3.19
	Paranoia	19.05	19.05	9.53	.....	.....	9.53	.....	9.53	4.75	4.75
	Dementia, terminal	9.35	13.83	4.4	0.553	2.75	1.658	0.553	6.53	5.536	1.658
	Epileptic insanity	5.714	5.714	5.714	.....	.....	.....	.....	2.857	2.857	.....
	Dementia, senile	13.24	26.68	.....	6.67	7.14	6.67	.....	.....	30.00	6.67
	Imbecility	31.43	7.14	14.38	.....	.....	.....	.....	7.14	14.38	.....
	General paresis	10.21	31.43	8.57	8.57	3.57	.....	.....	11.10	11.10	.....
	Miscellaneous	11.10	23.02	.....	.....	11.10	.....	.....	.....	.....	.....
	Total average	10.50	15.40	5.00	1.00	2.40	2.00	0.30	6.40	7.30	1.80
Same female	.....	6.67	10.00	.....	.....	5.00	.....	1.67	5.00	1.67	3.24
	Same male	20.00	4.00	13.00	2.10	6.00	.....	.....	2.00	.....	2.00

TABLE No. 3.

TOTAL OF ABNORMALITIES.

FEMALE — PERCENTAGE.														
Oreilles-a-ane.	Hairs irregular.	Hairs moderately irregular.	Hairs flat.	Hairs flattened.	Facial abnormalities.	Sub-occipital fossae.	Depression over occiput. Front.	Occiput irregular.	Whole skull irregular.	Hair abnormalities.	Miscellaneous.	Slight defective.	Hearing defect-ive.	Hernias.
Mania	18.75	17.39	7.80	8.60	8.12	.....	7.80	4.69	.....	7.03	6.35	15.60	8.90	0.78
Melancholia	9.67	18.33	3.20	5.37	1.07	1.07	8.60	7.53	1.07	2.15	6.45	26.80	5.37	1.07
Paranoia	11.80	11.76	0.98	4.90	1.96	.....	4.90	2.94	.....	1.96	7.84	14.70	9.80	.....
Dementia, terminal .....	.....	13.90	5.10	3.43	3.43	0.87	4.34	2.60	.....	3.43	14.80	9.67	3.43	.....
Epileptic insanity	25.0	.....	.....	12.60	.....	.....	.....	6.35	12.50	.....	6.35	6.35	6.35	.....
Dementia, senile	33.80	10.60	15.80	5.36	10.50	.....	6.35	5.36	.....	6.36	21.50	6.35	5.36	6.36
Imbecility	30.00	40.00	20.00	20.00	40.00	.....	20.00	.....	.....	40.00	.....	.....	20.00	.....
Miscellaneous	36.37	9.09	9.09	.....	9.09	4.54	13.64	4.54	.....	40.00	18.18	9.09	.....	4.54

MALE — PERCENTAGE.														
Mania	32.02	21.30	12.70	15.35	16.20	.....	20.34	7.60	10.17	1.70	11.00	9.30	9.30	4.24
Melancholia	32.90	21.50	12.66	15.20	12.66	1.27	24.05	13.90	10.13	.....	15.20	6.33	8.86	2.53
Paranoia	28.57	14.30	9.50	14.30	4.76	.....	28.57	.....	9.63	4.76	23.80	4.76	4.76	.....
Dementia, terminal	44.78	18.34	19.90	13.30	21.0	.....	27.60	11.60	7.30	4.42	13.80	4.97	9.40	1.06
Epileptic insanity	30.00	20.00	8.57	20.00	2.86	.....	14.28	25.70	5.70	.....	14.38	14.38	17.14	.....
Dementia, senile	53.36	20.00	40.00	6.67	13.34	.....	33.35	6.67	6.67	.....	13.34	13.34	30.00	.....
Imbecility	57.10	.....	7.14	7.14	21.40	.....	21.40	7.14	.....	.....	21.40	.....	.....	.....
General paresis	42.80	14.30	3.57	10.70	3.57	.....	17.85	17.85	3.57	3.57	17.85	10.70	17.85	3.57
Miscellaneous	11.10	33.30	11.10	22.20	.....	.....	22.20	11.10	.....	.....	11.10	11.10	22.20	.....
Total female	13.80	15.40	5.20	5.80	3.40	0.60	6.60	4.40	6.60	4.00	9.60	14.70	5.40	2.80
Total male	38.00	19.00	15.00	14.20	15.40	0.20	23.80	11.60	9.80	2.40	14.80	7.40	10.40	2.80
Same female	1.67	20.00	1.67	6.67	11.67	1.67
Same male	4.00	38.00	18.00	14.00	2.00	2.00	2.00

(5.)

STATISTICAL TABLES.

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EXPLANATORY NOTES AS INDEX TO TABLES.

1. Showing movements of population for the year ending September 30, 1894.
2. General statement, October 1, 1894.
3. Showing assigned causes of insanity in cases admitted during the year ending September 30, 1894, and since October 1, 1888.
4. Showing forms of insanity in those admitted, recovered and died during the year ending September 30, 1894, and since October 1, 1888.
5. Showing the number and percentage of recoveries and deaths, based on the average daily population since October 1, 1888.
6. Showing the causes of death of those who died during the current year, and since October 1, 1888.
7. Showing the first and subsequent admissions of those admitted during the current year, and since October 1, 1888.
8. Showing hereditary tendency to insanity in cases admitted during the current year, and since October 1, 1888.
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20. Showing the nativity of patients admitted during the current year, and since October 1, 1888.

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22. Showing the residence by counties and classification of patients remaining under treatment September 30, 1894.

23. Percentage of recoveries.

24. Form of mental disease of those admitted, and of those discharged, with results of treatment, from May, 1874, to September 30, 1894.

25. General statement of operations of the Middletown State Homeopathic Hospital, from May 1, 1874, to September 30, 1894.

26. Showing percentage of recoveries, also percentage of deaths on the whole number of patients admitted, average daily population, whole number treated, and whole number discharged, since opening of the institution.

27. Number of men employed, kind of work done, and average per cent. of male patients employed.

28. Number of women employed, kind of work done, and average per cent. of female patients employed.

STATISTICAL TABLES.

TABLE No. 1.

Showing movements of population for the year ending Sept. 30, 1894.

	Men.	Women.	Total.
Remaining October 1, 1893	486	492	978
Admitted during the year ending September 30, 1894.....	145	129	274
Total number treated during year...	631	621	1,252
Average daily population	506 ¹⁴² ₃₈₈	514 ¹³² ₃₈₈	1,020 ²⁷⁴ ₃₈₈
Capacity of institution	500	500	1,000
Discharged during the year :			
As recovered	30	50	80
As not recovered.....	*28	23	51
As not insane	† 1	.....	1
Died	‡52	21	73
Whole number discharged during year	111	94	205
Remaining October 1, 1894	520	527	1,047

TABLE No. 2.

General Statement October 1, 1894.

Date of opening, April 20, 1874.	
Total acreage of grounds and buildings.....	281
Value of real estate, including buildings	\$1,137,646 18
Value of personal property.....	95,500 00
Acres of farm land under cultivation.....	210
Capacity of institution.....	1,000
Daily average number under treatment.....	1,021
Cash on hand October 1, 1893.....	23,804 38

* One eloped improved. † One discharged not insane, inebriate. ‡ One died not insane.

Receipts during year.

From State treasury (for extraordinary improvements, etc.)	\$39,158 42
From State treasury, for maintenance.....	112,875 68
From private patients.....	75,968 98
From reimbursing patients	4,861 74
From all other sources	23,203 75
Total receipts during year.....	<u><u>\$256,068 57</u></u>

Disbursements during year.

For officers' salaries.....	\$16,500 00
For wages.....	69,699 09
For provisions and stores.....	74,775 23
For ordinary repairs.....	2,763 63
For farm and grounds	5,124 89
For clothing.....	3,307 83
For furniture and bedding.....	2,311 73
For books and stationery.....	976 31
For fuel and light.....	16,884 92
For medical supplies.....	1,074 40
For miscellaneous expenses	6,020 37
For transportation.....	923 18
For extraordinary expenses, etc.....	62,039 48
Total disbursements during year	<u><u>\$262,401 06</u></u>
Balance remaining on hand October 1, 1894.....	<u><u>\$17,471 84</u></u>

Weekly <i>per capita</i> cost on current expenditure, inclusive of clothing and officers' salaries	\$3 77 $\frac{3}{16}$
Maximum rate of wages paid attendants :	
Men	35 00
Women	32 00
Minimum rate of wages paid attendants :	
Men	18 00
Women	12 00
Proportion of day attendants to average daily population	1 to 7.7
Proportion of night attendants to average daily population	1 to 48
Percentage of daily population engaged in some kind of useful occupation.....	25.38
Estimated value of farm and garden products during year	\$14,855 21
Estimated value of articles made or manufactured by patients during year	<u><u>3,225 00</u></u>

TABLE No. 3.

Showing assigned causes of insanity in cases admitted during the year ending September 30, 1894, and since October 1, 1888.

CAUSES.	YEAR ENDING SEPTEMBER 30, 1894.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Abuse .....	.....	.....	.....	.....	1	1
Amenorrhea .....	.....	.....	.....	.....	1	1
Anemia .....	.....	.....	.....	.....	2	2
Apoplexy	1	1	2	.....	5	7
Business trouble	2	.....	2	10	8	18
Childbirth .....	.....	7	7	.....	20	20
Chorea .....	.....	.....	.....	.....	2	2
Cigarette smoking .....	.....	.....	.....	.....	1	1
Climaxis .....	.....	6	6	.....	46	46
Death of relatives	3	3	6	11	45	56
Death of friends .....	.....	.....	.....	.....	1	1
Debility .....	.....	.....	.....	.....	1	1
Disappointed ambition .....	.....	.....	.....	.....	1	1
Disappointed in love .....	.....	3	3	1	16	17
Disappointed in marriage	1	.....	1	1	.....	1
Domestic trouble .....	.....	5	5	1	25	26
Elopement of daughter .....	.....	.....	.....	.....	1	1
Epilepsy	5	2	7	21	19	40
Excitement .....	.....	2	2	.....	3	3
Exposure when infant .....	.....	.....	.....	1	.....	1
Fall .....	.....	1	1	2	1	3
Fright .....	.....	1	1	2	15	17
Ill health	2	2	4	4	6	10
Ill treatment .....	.....	.....	.....	.....	1	1
Injury to head	3	.....	3	28	4	32
Infantile paralysis .....	.....	.....	.....	1	.....	1
Insanity of relatives .....	.....	.....	.....	.....	2	2
Insolation	4	.....	4	25	2	27
Intemperance	29	3	32	174	20	194
Intemperance (in drugs) .....	.....	.....	.....	1	1	2
Intemperance (tobacco) .....	.....	.....	.....	.....	1	1
Jealousy .....	.....	1	1	.....	2	2
Lactation .....	.....	.....	.....	.....	1	1
La grippe	1	3	4	2	10	12
Laparotomy .....	.....	.....	.....	.....	1	1
Loss of sleep .....	.....	.....	.....	.....	1	1
Loss of property	1	.....	1	1	2	3
Malarial fever .....	.....	.....	.....	.....	1	1
Masturbation	18	3	21	122	28	150
Meningitis .....	.....	.....	.....	.....	1	1
Menstrual difficulty .....	.....	4	4	.....	10	10
Miscarriage .....	.....	.....	.....	.....	1	1
Mind cure .....	.....	.....	.....	.....	1	1

TABLE No. 3—*Showing assigned causes of insanity, etc.*—(Concluded).

CAUSES.	YEAR ENDING SEPTEMBER 30, 1894.			SINCE OCTOBER 1, 1893.		
	Men.	Women.	Total.	Men.	Women.	Total.
Opium habit .....	.....	3	3	6	10	16
Ovariectomy .....	.....	.....	.....	.....	2	2
Ovarian disease .....	.....	.....	.....	.....	1	1
Overdose of quinine .....	.....	.....	.....	.....	1	1
Overstudy	2	3	5	3	5	8
Overwork	5	5	10	34	66	100
Paralysis .....	.....	.....	.....	1	.....	1
Physical disease	6	7	13	55	77	132
Physical injury	1	.....	1	2	.....	2
Post-spinal sclerosis .....	.....	.....	.....	1	.....	1
Poverty and want	1	1	2	1	2	3
Predisposition	1	.....	1	1	1	2
Pregnancy .....	.....	.....	.....	.....	3	3
Puberty .....	.....	.....	.....	1	.....	1
Puerperal state .....	.....	.....	.....	.....	19	19
Religious excitement	2	3	5	13	15	28
Senility .....	.....	3	3	15	24	39
Sexual excess .....	.....	.....	.....	6	2	8
Shock from injury .....	.....	.....	.....	3	.....	3
Sickness of relatives .....	.....	.....	.....	.....	3	3
Spiritualism .....	.....	.....	.....	.....	1	1
Surgical operation .....	.....	.....	.....	.....	2	2
Syphilis	1	.....	1	4	1	5
Traumatism .....	.....	1	1	1	7	8
Typhoid fever .....	.....	1	1	.....	2	2
Unascertained	14	29	43	124	210	334
Use of hair wash .....	.....	.....	.....	.....	1	1
Uterine disease .....	.....	1	1	.....	1	1
Worry	40	25	65	251	147	398
Not insane	2	.....	2	4	.....	4
Total	145	129	274	936	913	1,849

TABLE No. 4.

Showing forms of insanity in those admitted, recovered and died during the year ending September 30, 1894, and since October 1, 1888.

FORM.	YEAR ENDING SEPTEMBER 30, 1894.			SINCE OCTOBER 1, 1888.		
	Admitted.	Recovered.	Died.	Admitted.	Recovered.	Died.
Mania, acute	63	31	7	428	264	38
Mania, sub-acute.	54	10	3	240	70	6
Mania, recurrent.	.....	.....	....	2	2	.....
Mania, chronic ..	3	1	2	119	7	8
Melancholia, acute	87	38	9	548	276	38
Melancholia, sub-acute. ....	.....	.....	....	1	.....	.....
Melancholia, chronic	6	.....	5	37	8	16
Alternating (circular insanity).	.....	.....	....	.....	.....	.....
General paralysis.	13	.....	18	90	.....	64
Dementia, primary	1	.....	....	4	3	.....
Dementia, terminal	34	.....	24	315	1	124
Epilepsy	3	.....	2	42	.....	8
Imbecility	8	.....	2	18	.....	4
Idiocy .....	.....	.....	....	1	.....	.....
Not insane	*2	.....	1	4	.....	1

TABLE No. 5.

Showing the number and percentage of recoveries and deaths, based on the average daily population since October 1, 1888.

YEAR.	Average daily population.	Recoveries.	Percentage.	Deaths.	Percentage.
1889	536 ⁵ ₃₈₅	101	18.84	15	2.79
1890	578 ⁵ ₃₈₅	105	18.16	30	5.19
1891	709 ¹ ₁₁₄	113	15.93	43	6.06
1892	827 ¹ ₁₀₃	125	15.11	67	8.10
1893	975 ² ₁₀₁	107	10.96	79	8.09
1894	1,020 ² ₁₀₁	80	7.84	73	7.15

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 6.

Showing the causes of death of those who died during the current year
and since October 1, 1888.

CAUSE OF DEATH.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Ante-mortem heart clot...	....	....	....	1	....	1
Anthrax	1	....	1	1	....	1
Aortic insufficiency .....	..	....	....	1	....	1
Apoplexy	12	3	15	18	11	29
Appendicitis .....	....	....	....	....	1	1
Asphyxia .....	....	....	....	....	1	1
Bronchitis .....	....	2	2	....	2	2
Carcinoma	1	....	1	1	1	2
Cardiac disease	1	4	5	2	7	9
Cystitis	1	....	1	3	....	3
Delirium tremens (not in- sane)	1	....	1	2	1	3
Diabetes .....	....	1	1	1	2	3
Diarrhœa .....	....	1	1	....	2	2
Enterocolitis .....	....	....	....	....	1	1
Epilepsy .....	....	....	....	1	1	2
Exhaustion from mental disease	28	5	33	157	60	217
Fistulæ .....	....	....	....	....	1	1
Intussusception .....	....	....	....	....	1	1
Multiple neuritis .....	....	....	....	....	1	1
Meningitis, acute	1	....	1	1	....	1
Nephritis .....	....	....	....	....	2	2
Paralysis of par vagum...	....	....	....	....	1	1
Phthisis	4	3	7	5	6	11
Pneumonia .....	....	1	1	....	3	3
Pyæmia .....	....	....	....	....	1	1
Sarcoma	1	....	1	1	....	1
Suicide .....	....	1	1	2	1	3
Traumatism	1	....	1	1	....	1
Typhloenteritis .....	....	....	....	....	1	1
Ulceration of rectum .....	....	....	....	....	1	1
Total	52	21	73	198	109	307

TABLE No. 7.

Showing the first and subsequent admissions of those admitted during the current year and since October 1, 1888.

NUMBER OF ADMISSIONS.	DURING THE YEAR.				SINCE OCTOBER 1, 1888.				
	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.	CASES ADMITTED.			TIMES PREVIOUSLY DISCHARGED RECOVERED.	
	Men.	Women.	Total.		Men.	Women.	Total.		
First	124	107	231	11	6	17	863	799	1,662
Second	17	11	28	2	3	5	51	88	139
Third	3	6	9	1	3	4	16	16	32
Fourth or more	1	5	6	....	2	2	6	10	16
Total cases.....	145	129	274	14	14	28	936	913	1,849
Total persons	124	107	231	....	....	....	863	799	1,662

TABLE No. 8.

Showing hereditary tendency to insanity in cases admitted during the current year and since October 1, 1888.

	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Paternal branch.....	11	12	23	78	90	168
Maternal branch.....	14	17	31	90	113	203
Paternal and maternal branches.....	1	2	3	14	16	30
Collateral branches.....	9	20	29	64	91	155
No hereditary tendency...	106	74	180	628	517	1,145
Unascertained	4	4	8	62	86	148
Total.....	145	129	274	936	913	1,849

TABLE No. 9.

Showing the civil condition of those admitted during the current year and since October 1, 1888.

CIVIL CONDITION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Single	74	51	125	449	332	781
Married	59	62	121	418	451	869
Widowed	11	16	27	59	120	179
Divorced .....	....	....	....	2	6	8
Unascertained	1	....	1	8	4	12
Total.....	145	129	274	936	913	1,849

TABLE No. 10.

Showing the degree of education of those admitted during the current year and since October 1, 1888.

DEGREE OF EDUCATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Collegiate	10	5	15	48	16	64
Academic.	8	14	22	95	130	225
Common school	101	93	194	649	640	1,289
Read and write .....	....	....	....	25	22	47
Read only	3	2	5	24	18	42
No education	4	2	6	48	50	98
Unascertained.	19	13	32	47	37	84
Total	145	129	274	936	913	1,849

TABLE No. 11.

Showing the duration of insanity previous to admission, and the period under treatment of those discharged recovered during the current year and since October 1, 1888.

Year ending September 30, 1894.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	10	11	21	....	....	....
One to three months	7	17	24	6	4	10
Three to six months	2	6	8	8	12	20
Six to nine months	3	3	6	6	15	21
Nine months to one year ..	....	2	2	5	6	11
One year to eighteen months	2	3	5	....	5	5
Eighteen months to two years	1	....	1	3	....	3
Two to three years .....	....	1	1	....	3	3
Three to four years	3	2	5	2	2	4
Four to five years .....	....	1	1	....	....	....
Five to ten years	1	1	2	....	3	3
Ten to twenty years .....	....	....	....	....	....	....
Not insane* .....	....	....	....	....	....	....
Unascertained	1	3	4	....	....	....
Total	30	50	80	30	50	80

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 11.— (*Concluded*).
Since October 1, 1888.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total	Men.	Women.	Total.
Under one month	68	94	162	6	2	8
One to three months	65	92	157	26	36	62
Three to six months	46	49	95	73	98	171
Six to nine months	33	32	65	55	66	121
Nine to twelve months ...	5	13	18	43	40	83
One year to eighteen months	23	29	52	31	48	79
Eighteen months to two years	3	4	7	22	21	43
Two to three years	9	9	18	8	21	29
Three to four years	7	5	12	5	11	16
Four to five years	1	3	4	2	2	4
Five to ten years	4	10	14	2	10	12
Ten to twenty years	2	3	5	1	2	3
Not insane* .....	....	....	....	....	....	....
Unascertained	8	14	22	....	....	....
Total	274	357	631	274	357	631

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 12.

Showing the period of insanity previous to admission, and the period under treatment of those discharged not recovered during the current year, and since October 1, 1888.

Year ending September 30, 1894.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month	7	3	10	1	1	2
One to three months	2	1	3	5	1	6
Three to six months	3	3	6	5	7	12
Six to nine months	2	4	6	3	1	4
Nine months to one year ..	....	2	2	2	1	3
One ¹ year to eighteen months	4	2	6	3	4	7
Eighteen months to two years .....	....	....	....	3	1	4
Two to three years	1	3	4	3	2	5
Three to four years	2	1	3	1	2	3
Four to five years .....	....	2	2	....	1	1
Five to ten years	5	....	5	1	2	3

TABLE No. 12 — (*Concluded.*)

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Ten to twenty years.....	1	....	1	1	....	1
Over twenty years.....	....	1	1	....	....	....
Not insane*.....	1	....	1	1	....	1
Unascertained	1	1	2	....	....	....
Total.....	29	23	52	29	23	52

Since October 1, 1888.

Under one month	24	19	43	17	8	25
One to three months.....	29	13	42	12	11	23
Three to six months.....	21	20	41	26	31	57
Six to nine months.....	14	17	31	18	7	25
Nine to twelve months....	11	12	23	8	8	16
One year to eighteen months.	15	9	24	21	25	46
Eighteen months to two years	3	6	9	10	16	26
Two to three years.....	10	9	19	35	27	62
Three to four years.....	9	7	16	4	6	10
Four to five years.....	2	10	12	3	3	6
Five to ten years.....	14	14	28	10	6	16
Ten to twenty years.....	8	6	14	3	2	5
Over twenty years.....	2	5	7	....	....	....
Not insane*.....	3	....	3	3	....	3
Unascertained	5	3	8	....	....	....
Total.....	170	150	320	170	150	320

* Includes cases of alcoholism, opium habit, etc.

TABLE NO. 13.

Showing the duration of insanity previous to admission, and the period under treatment of those who died during the current year and since October 1, 1888.

Year ending September 30, 1894.

	DURATION PREVIOUS TO ADMISSION.			PERIOD UNDER TREATMENT.		
	Men.	Women.	Total.	Men.	Women.	Total.
Under one month.....	7	2	9	7	3	10
One to three months.....	3	1	4	8	5	13
Three to six months.....	7	2	9	2	2	4
Six to nine months.....	....	2	2	1	....	1
Nine months to one year..	....	2	2	3	1	4
One year to eighteen mos.	9	...	9	3	4	7
Eighteen mos to two years.	2	2	4	10	1	11
Two to three years.....	4	2	6	7	1	8
Three to four years.....	3	1	4	4	1	5
Four to six years.....	1	2	3	4	2	6
Six to ten years.....	5	1	6	2	1	3
Ten to twenty years.....	3	1	4	....	....	....
Twenty years and over...	1	3	4	....	....	....
Not insane*.....	1	....	1	1	....	1
Unascertained.....	6	....	6	....	....	....
Total.....	52	21	73	52	21	73

Since October 1, 1888.

Under one month.....	18	18	36	33	26	59
One to three months.....	15	19	34	17	14	31
Three to six months.....	21	6	27	20	4	24
Six to nine months.....	16	7	23	13	4	17
Nine months to one year..	9	4	13	11	9	20
One year to eighteen months.....	23	9	32	20	12	32
Eighteen months to two years.....	8	7	15	24	9	33
Two to three years.....	23	8	31	17	10	27
Three to four years.....	10	7	17	11	2	13
Four to six years.....	11	3	14	16	7	23
Six to ten years.....	15	5	20	10	11	21
Ten to twenty years.....	8	4	12	5	1	6
Twenty years and over...	4	7	11	...	....	....
Not insane*.....	1	....	1	1	....	1
Unascertained.....	16	5	21	....	....	....
Total.....	198	109	307	198	109	307

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 14.

Showing the ages of those admitted during the current year and since October 1, 1888.

AGES.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women	Total.	Men.	Women.	Total.
From 5 to 10 years. ....	....	....	....	...	2	2
From 10 to 15 years.....	1	2	3	4	5	9
From 15 to 20 years.....	3	5	8	36	23	59
From 20 to 25 years.....	19	15	34	87	73	160
From 25 to 30 years.....	22	14	36	104	105	209
From 30 to 35 years.....	20	15	35	127	118	245
From 35 to 40 years.....	16	15	31	130	108	238
From 40 to 50 years.....	27	33	60	194	233	427
From 50 to 60 years.....	19	15	34	115	124	239
From 60 to 70 years.....	13	10	23	89	72	161
From 70 to 80 years.....	4	4	8	38	41	79
From 80 to 90 years.....	1	1	2	10	7	17
Unascertained .....	....	....	....	2	2	4
Total	145	129	274	936	913	1,849

TABLE No 15.

Showing the ages of those discharged recovered during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 20 years.....	....	5	5	15	22	37
From 20 to 30 years.....	12	13	25	56	83	139
From 30 to 40 years.....	6	11	17	80	99	179
From 40 to 50 years.....	7	11	18	70	84	154
From 50 to 60 years.....	4	4	8	29	43	72
From 60 to 70 years.....	1	6	7	17	24	41
From 70 to 80 years.....	....	....	....	7	2	9
Total.....	30	50	80	274	357	631

TABLE No. 16.

Showing the ages of those who died during the current year and since October 1, 1888.

AGE.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
From 10 to 15 years.....	....	....	....	....	1	1
From 15 to 20 years.....	....	....	....	1	....	1
From 20 to 25 years.....	1	1	2	7	2	9
From 25 to 30 years.....	5	2	7	13	7	20
From 30 to 35 years.....	5	2	7	19	5	24
From 35 to 40 years.....	5	....	5	25	5	30
From 40 to 50 years.....	13	2	15	41	31	72
From 50 to 60 years.....	12	5	17	36	20	56
From 60 to 70 years.....	7	5	12	29	16	45
From 70 to 80 years.....	2	3	5	22	20	42
From 80 to 90 years.....	1	1	2	4	2	6
Over 90 years.....	1	....	1	1	....	1
Total.....	52	21	73	198	109	307

TABLE No. 17.

Showing alleged duration of insanity previous to admission in those admitted during the year ending September 30, 1894.

DURATION OF INSANITY.	Men.	Women.	Total.
Under one month	30	29	59
One to three months.....	22	23	45
Three to six months	18	10	28
Six to nine months	7	12	19
Nine months to one year	8	6	14
One year to eighteen months	2	12	14
Eighteen months to two years	5	6	11
Two to three years	9	8	17
Three to four years.....	7	2	9
Four to five years	5	....	5
Five to ten years.....	9	8	17
Ten to fifteen years	1	3	4
Fifteen to twenty years.....	4	....	4
Twenty to thirty years	2	....	2
Thirty years and upwards.....	2	1	3
Not insane*	2	....	2
Unascertained	12	9	21
Total	145	129	274

* Includes cases of alcoholism, opium habit, etc.

TABLE No. 18.

Showing period of residence in hospital of those remaining under treatment September 30, 1894.

PERIOD OF RESIDENCE	Men.	Women.	Total.
Under one month.....	12	4	16
One to three months.....	22	22	44
Three to six months.....	31	27	58
Six to nine months.....	19	22	41
Nine months to one year.....	24	12	36
One year to eighteen months.....	31	40	71
Eighteen months to two years.....	53	69	122
Two to three years.....	66	83	149
Three to four years.....	70	78	148
Four to five years.....	47	34	81
Five to ten years.....	107	91	198
Ten to fifteen years.....	32	34	66
Fifteen to twenty years.....	5	9	14
Twenty to thirty years.....	1	2	3
Total.....	520	527	1,047

TABLE No. 19.

Showing the occupation of those admitted during the current year and since October 1, 1888.

OCCUPATION.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Professional:						
Clergy, military and naval officers, physicians, lawyers, architects, artists, authors, civil engineers, surveyors, etc.....	9	1	10	65	3	68
Commercial:						
Bankers, merchants, accountants, clerks, salesmen, shopkeepers, stenographers, typewriters, etc.....	29	....	29	174	....	174
Agricultural and pastoral:						
Farmers, gardeners, herdsmen, etc.....	20	....	20	135	....	135

TABLE NO. 19 — (*Concluded*).

OCCUPATIONS.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
Mechanics at out-door vocations:						
Blacksmiths, carpenters, engine-fitters, sawyers, painters, police, etc.	17	....	17	68	....	68
Mechanics, etc., at sedentary vocations:						
Bootmakers, bookbinders, compositors, weavers, tailors, bakers, etc.	13	....	13	134	....	134
Domestic service:						
Waiters, cooks, servants, etc., miners, seamen, etc.	1	9	10	21	78	99
Educational and higher domestic duties:						
Governesses, teachers, students, housekeepers, nurses, etc.	3	85	88	18	601	619
Commercial:						
Shopkeepers, saleswomen, stenographers, typewriters, etc. ....	....	3	3	....	11	11
Employed in sedentary occupations:						
Tailoresses, seamstresses, bookbinders, factory workers, etc. ....	....	3	3	....	37	37
Prostitutes .....	....	....	....	....	....	....
Laborers	36	....	36	223	....	223
No occupation	17	28	45	97	173	270
Unascertained. ....	....	....	....	6	10	16
Total.	145	129	274	936	913	1,849

TABLE No. 20.

Showing the nativity of patients admitted during the current year
and since October 1, 1888.

NATIVITY.	DURING THE YEAR.			SINCE OCTOBER 1, 1888.		
	Men.	Women.	Total.	Men.	Women.	Total.
United States	112	108	220	720	710	1,430
England	5	2	7	25	19	44
Ireland	15	8	23	89	96	185
Germany	7	3	10	55	50	105
France				4	5	9
Scotland	1	2	3	5	8	13
Canada	2	1	3	5	4	9
Switzerland	1		1	5	2	7
Italy				2	2	4
Bavaria				3		3
Prussia		1	1	3	1	4
Bohemia		1	1		4	4
Sweden				4	5	9
Saxony				1		1
Poland		1	1	4	1	5
Austria	1	1	2	1	1	2
Russia				1		1
China				1		1
Japan	1		1	1		1
Isle of Man					1	1
New Brunswick					1	1
Hungary					2	2
India				2		2
Australia				1		1
Unascertained		1	1	4	1	5
Total	145	129	274	936	913	1,849

Of the total number admitted since October 1, 1888, the parents of 30.27 per cent. were both of foreign birth. In 1.05 per cent. the parentage on the paternal side was foreign, while that on the maternal side was native.

In .07 per cent. the parentage on the maternal side was foreign, while that on the paternal side was native.

TABLE No. 21.

Showing the residence by counties and classifications of those admitted during the year ending September 30, 1894.

COUNTIES.	Public	Private.	Total.
Albany	1	3	4
Chautauqua	1	....	1
Delaware	2	4	6
Erie	1	....	1
Kings.....	3	21	24
Monroe .....	....	1	1
New York	2	41	43
Oneida .....	....	1	1
Onondaga.....	1	1	2
Ontario	1	....	1
Orange	61	25	86
Oswego	1	....	1
Otsego .....	....	1	1
Queens	2	3	5
Rockland	22	3	25
Saratoga .	1	....	1
Schenectady.....	....	1	1
Suffolk	2	1	3
Sullivan	17	3	20
Tioga	2	1	3
Tompkins.....	....	1	1
Ulster	38	1	39
Westchester	2	2	4
Total.....	160	114	274

TABLE No. 22.

Showing the residence by counties and classification of patients remaining under treatment September 30, 1894.

COUNTIES.	PUBLIC			PRIVATE.		
	Men.	Women.	Total.	Men.	Women.	Total.
Albany.....	8	6	14	3	3	6
Broome.....	1	1	2	1	....	1
Cayuga.....	2	1	3	....	....	....
Chautauqua.....	1	....	1	....	....	....
Chemung.....	4	1	5	1	....	1
Chenango.....	1	1	2	....	1	1
Columbia.....	....	1	1	....	....	....
Delaware.....	....	10	10	1	3	4
Dutchess.....	1	....	1	....	1	1
Fulton.....	....	....	....	1	....	1
Greene.....	....	1	1	....	1	1
Kings.....	11	9	20	24	22	46
Madison.....	1	2	3	1	1	2
Monroe.....	2	2	4	....	3	3
New York.....	13	15	28	52	55	107
Oneida.....	1	....	1	....	1	1
Onondaga.....	11	1	12	....	5	5
Ontario.....	2	....	2	....	....	....
Orange.....	114	99	213	25	20	45
Oswego.....	1	....	1	....	....	....
Otsego.....	....	....	....	....	1	1
Queens.....	40	22	62	7	2	9
Rensselaer.....	....	1	1	4	....	4
Richmond.....	14	18	32	3	....	3
Rockland.....	30	32	62	....	....	....
St. Lawrence.....	....	....	....	....	1	1
Saratoga.....	7	8	15	....	....	....
Schenectady.....	....	....	....	1	....	1
Schoharie.....	1	....	1	....	....	....
Steuben.....	....	....	....	....	1	1
Suffolk.....	41	56	97	2	2	4
Sullivan.....	35	41	76	....	1	1
Tioga.....	1	2	3	....	2	2
Tompkins.....	....	....	....	....	1	1
Ulster.....	42	51	93	1	2	3
Warren.....	1	1	2	....	....	....
Westchester.....	5	11	16	2	3	5
Wyoming.....	....	1	1	....	1	1
Total.....	391	304	785	129	133	262

TABLE No. 23.
Percentage of Recoveries.

YEAR.	Number of insane admitted.	Number discharged recovered.	Percentage.	Number admitted insane five years and over.	Number discharged recovered of those insane five years and over.	Percentage.	Number admitted insane between two and five years.	Number discharged recovered of those insane between two and five years.	Percentage.	Number admitted insane between one and two years.	Number discharged recovered of those insane between one and two years.	Percentage.	Number admitted insane between six months and one year.	Number discharged recovered of those insane between six months and one year.	Percentage.	Number admitted insane less than six months.	Number discharged recovered of those insane less than six months.	Percentage.
1874.....	69	7	10.14	6	1	16.66	10	1	16.66	10	1	16.66	5	1	20.00	32	5	15.62
1875.....	138	30	21.74	12	1	8.33	8	2	25.00	8	2	25.00	13	2	15.38	40	9	22.50
1876.....	113	46	40.70	5	3	60.00	14	4	28.57	14	4	28.57	18	9	50.00	74	23	31.08
1877.....	142	46	32.39	22	3	13.64	19	6	31.58	19	6	31.58	18	9	50.00	69	23	33.33
1878.....	165	61	36.97	25	3	12.00	23	6	26.09	23	6	26.09	25	10	40.00	73	23	31.51
1879.....	137	48	35.03	11	4	36.36	16	6	37.50	16	6	37.50	14	7	50.00	67	23	34.38
1880.....	147	61	41.49	16	3	18.75	18	4	22.22	18	4	22.22	14	7	50.00	79	23	29.11
1881.....	159	61	38.36	13	3	23.08	19	6	31.58	19	6	31.58	17	8	47.06	90	23	25.56
1882.....	171	69	40.35	21	3	14.29	22	6	27.27	22	6	27.27	23	10	43.48	83	23	27.71
1883.....	170	69	40.58	16	5	31.25	25	6	24.00	25	6	24.00	18	9	50.00	86	23	26.74
1884.....	163	73	44.78	11	2	18.18	14	3	21.43	14	3	21.43	17	8	47.06	91	23	25.26
1885.....	203	66	32.51	17	3	17.65	27	6	22.22	27	6	22.22	16	9	56.25	101	23	22.77
1886.....	238	80	33.61	22	4	18.18	33	6	18.18	33	6	18.18	30	10	33.33	96	23	23.96
1887.....	231	96	41.56	3	1	33.33	35	6	17.14	35	6	17.14	37	14	37.86	97	23	23.71
1888.....	217	100	46.08	37	1	2.70	39	7	17.95	39	7	17.95	39	19	48.72	96	23	23.96
1889.....	250	101	40.40	39	1	2.56	41	8	19.51	41	8	19.51	39	18	46.15	113	23	20.35
1890.....	283	106	37.46	30	4	13.33	34	10	29.41	34	10	29.41	39	18	46.15	107	23	21.50
1891.....	376	113	30.05	56	7	12.50	29	6	20.69	29	6	20.69	34	14	41.18	140	23	16.43
1892.....	338	125	36.98	90	5	5.56	40	7	17.50	40	7	17.50	34	14	41.18	169	23	13.61
1893.....	342	107	31.27	87	8	9.20	30	7	23.33	30	7	23.33	43	18	41.86	183	23	12.57
1894.....	272	80	29.41	80	3	3.75	25	8	32.00	25	8	32.00	33	10	30.30	183	23	12.57
Total.....	4,986	1,539	30.79	569	43	7.56	669	96	16.87	490	147	30.20	596	229	38.42	2,080	1,010	48.54

There have been admitted since opening 10 as "not insane"; whole number admitted, 4,346. See Table No. 35.

TABLE No. 24.
Form of mental disease of those admitted, and of those discharged, with results of treatment, from May, 1874, to September 30, 1894.

FORM.	NUMBER OF INSANE ADMITTED.			DISCHARGED RECOVERED.			DISCHARGED IMPROVED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
Mania, acute.....	379	452	831	260	304	564	24	21	45
Mania, acute delirious.....	10	18	28	.....	3	3	.....	.....	.....
Mania, subacute.....	285	264	549	128	102	225	37	35	72
Mania, recurrent.....	.....	1	1	.....	2	2	.....	.....	.....
Mania, chronic.....	149	220	369	1	13	13	25	29	54
Melancholia, acute.....	465	615	1,080	257	346	603	47	55	102
Melancholia, acute delirious.....	2	3	5	.....	.....	.....	.....	.....	.....
Melancholia, subacute.....	7	3	10	.....	.....	.....	.....	.....	.....
Melancholia, with stupor.....	15	22	37	7	12	19	3	4	7
Melancholia, chronic.....	54	85	139	6	4	10	16	31	47
Dementia, acute primary.....	30	11	41	25	9	34	4	.....	4
Dementia, alcoholic.....	75	10	85	43	8	51	2	2	4
Dementia, masturbatic.....	38	13	51	5	7	12	2	1	3
Dementia, terminal.....	355	297	652	.....	1	1	39	26	65
General paresis.....	193	23	216	.....	.....	.....	23	3	26
Epileptic insanity.....	76	47	123	1	1	2	11	4	15
Imbecility.....	14	4	18	.....	.....	.....	1	.....	1
Idiocy.....	.....	1	1	.....	.....	.....	.....	.....	.....
Total.....	2,147	2,089	4,236	728	811	1,539	234	211	445

TABLE No. 24 — (Concluded).

FORM.	DISCHARGED UNIMPROVED.			DISCHARGED DEAD.		
	Men.	Women.	Total.	Men.	Women.	Total.
Mania, acute	9	14	23	20	39	59
Mania, acute delirious .....	.....	.....	.....	13	11	24
Mania, subacute	26	29	55	4	6	10
Mania, recurrent .....	.....	.....	.....	.....	.....	.....
Mania, chronic	62	84	146	13	7	20
Melancholia, acute	10	28	38	35	38	73
Melancholia, acute delirious .....	.....	.....	.....	2	1	3
Melancholia, subacute .....	.....	.....	.....	.....	.....	.....
Melancholia, with stupor	5	3	8	.....	6	6
Melancholia, chronic	26	38	64	17	11	28
Dementia, primary .....	.....	2	2	.....	.....	.....
Dementia, alcoholic	1	1	2	1	.....	1
Dementia, masturbatic	5	1	6	.....	.....	.....
Dementia, terminal	90	114	204	115	66	181
General paresis	36	2	38	129	10	139
Epileptic insanity	20	18	38	11	8	19
Imbecility	2	2	4	3	1	4
Idiocy .....	.....	.....	.....	.....	.....	.....
Total	292	336	628	363	204	567

TABLE No. 25.
General statement of operations of the Middletown State Homeopathic Hospital, from May 1, 1874, to September 30, 1894.

YEAR.	WHOLE NUMBER ADMITTED.			NUMBER DISCHARGED.			NUMBER TREATED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874	27	42	69	7	7	14	27	42	69
1875	49	50	99	38	34	72	69	85	154
1876	53	60	113	55	55	110	82	113	195
1877	76	67	143	44	56	100	105	123	228
1878	71	85	156	65	73	138	132	152	284
1879	67	70	137	58	61	119	135	148	283
1880	76	71	147	73	58	131	153	158	311
1881	93	67	160	65	59	124	173	167	340
1882	82	93	175	77	74	151	190	201	391
1883	101	69	170	77	73	150	214	196	410
1884	86	77	163	85	56	141	222	201	423
1885	109	95	204	72	59	131	246	249	495
1886	101	112	213	82	75	157	275	293	568
1887	117	114	231	94	93	187	310	332	642
1888	111	106	217	98	115	213	327	345	672
1889	146	104	250	101	94	195	375	334	709
1890	149	139	288	101	95	196	423	379	802
1891	176	179	355	105	91	196	498	463	961
1892	157	182	339	115	135	250	550	554	1,104
1893	163	180	343	112	107	219	598	599	1,197
1894	145	129	274	111	94	205	631	621	1,252
Total	2,155	2,091	4,246	1,635	1,564	3,199	.....	.....	.....

TABLE No. 25 — (Continued).

YEAR.	NUMBER DISCHARGED RECOVERED.			NUMBER DISCHARGED IMPROVED.			NUMBER DISCHARGED UNIMPROVED.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874	5	2	7	.....	3	3	.....	.....	.....
1875	15	15	30	5	10	15	9	6	15
1876	26	20	46	7	4	11	12	24	37
1877	21	25	46	10	11	21	7	11	18
1878	26	35	61	7	9	16	18	25	43
1879	20	28	48	12	8	20	13	22	35
1880	34	27	61	12	12	24	20	13	33
1881	31	30	61	11	7	18	12	18	30
1882	36	33	69	6	7	13	22	26	48
1883	41	28	69	9	19	28	15	19	34
1884	38	30	68	9	5	14	23	14	37
1885	37	29	66	5	6	11	12	14	26
1886	41	39	80	10	3	13	21	26	47
1887	43	53	96	12	11	23	24	22	46
1888	40	60	100	13	18	31	22	24	46
1889	42	59	101	20	8	28	23	26	49
1890	56	49	105	16	22	38	11	12	23
1891	55	58	113	19	12	31	3	6	9
1892	43	82	125	18	14	32	15	9	24
1893	48	59	107	10	8	28	4	10	14
1894	30	50	80	22	14	36	5	9	14
Total	728	811	1,539	233	211	444	292	336	628

TABLE No. 25 — (Concluded).

YEAR.	NUMBER DISCHARGED DEAD.			NUMBER DISCHARGED ELOPED.			NUMBER DISCHARGED NOT INSANE.		
	Men.	Women.	Total.	Men.	Women.	Total.	Men.	Women.	Total.
1874	2	2	4	.....	.....	.....	.....	.....	.....
1875	8	3	11	.....	.....	.....	1	.....	1
1876	6	8	14	2	.....	2	.....	.....	.....
1877	5	9	14	.....	.....	.....	1	.....	1
1878	11	4	15	2	.....	2	1	.....	1
1879	12	3	15	1	.....	1	.....	.....	.....
1880	7	6	13	.....	.....	.....	.....	.....	.....
1881	11	4	15	.....	.....	.....	.....	.....	.....
1882	13	*7	20	.....	.....	.....	.....	1	1
1883	12	6	18	1	.....	1	.....	.....	.....
1884	14	7	21	1	.....	1	.....	.....	.....
1885	17	10	27	.....	.....	.....	1	.....	1
1886	10	7	17	.....	.....	.....	.....	.....	.....
1887	15	7	22	.....	.....	.....	.....	.....	.....
1888	23	13	36	.....	.....	.....	.....	.....	.....
1889	14	1	15	2	.....	2	.....	.....	.....
1890	18	12	30	.....	.....	.....	.....	.....	.....
1891	28	15	43	.....	.....	.....	.....	.....	.....
1892	37	30	67	1	.....	1	1	.....	1
1893	49	30	79	.....	.....	.....	1	.....	1
1894	*52	21	73	1	.....	1	1	.....	1
Total	364	205	569	11	.....	11	7	1	8

* Include two admitted "not insane" and discharged dead.

TABLE No. 26.

Showing percentage of recoveries, also percentage of deaths on the whole number of patients admitted, average daily population, whole number treated, and whole number discharged, since the opening of the institution.

YEAR.	Number insane admitted.	Recovered.	Percentage.	Average population daily.	Recovered.	Percentage.	Whole number treated.	Recovered.	Percentage.	Whole number discharged.	Recovered.	Percentage.
1874.....	69	7	10.14	31	7	22.58	69	7	10.14	14	7	50.00
1875.....	98	30	30.61	63	30	48.38	154	30	18.48	72	30	41.66
1876.....	113	46	40.70	85	46	54.12	195	46	23.58	110	46	41.81
1877.....	142	46	32.39	110	46	41.82	328	46	20.17	100	46	46.00
1878.....	155	61	39.35	132	61	46.21	284	61	21.44	138	61	44.20
1879.....	137	48	35.03	166	48	28.91	283	48	16.96	119	48	40.33
1880.....	147	61	41.50	186	61	32.70	311	61	19.01	181	61	46.56
1881.....	159	61	38.36	213	61	28.64	340	61	17.94	124	61	49.11
1882.....	174	69	39.65	237	69	29.11	391	69	17.67	151	69	45.69
1883.....	170	69	40.59	265	69	26.03	410	69	16.82	150	69	46.00
1884.....	163	68	41.71	289	68	23.52	423	68	16.07	141	68	48.22
1885.....	203	66	32.51	329	66	20.06	486	66	13.58	131	66	50.38
1886.....	213	80	37.56	410	80	19.51	568	80	14.08	157	80	50.95
1887.....	231	96	41.56	467	96	20.55	642	96	14.98	187	96	51.33
1888.....	217	100	46.08	506	100	19.76	672	100	14.88	213	100	46.94
1889.....	250	101	40.40	536	101	18.84	709	101	14.24	195	101	51.79
1890.....	288	105	36.46	578	105	18.16	802	105	11.84	196	105	53.57
1891.....	355	113	31.83	709	113	15.93	961	113	11.75	196	113	57.65
1892.....	338	125	34.02	827	125	15.11	1,104	125	11.32	250	125	50.00
1893.....	343	107	31.28	976	107	10.96	1,197	107	8.95	219	107	48.86
1894.....	274	80	29.19	1,021	80	7.84	1,252	80	6.39	205	80	39.02

TABLE No. 26 — (Concluded).

YEAR.	Number insane admitted.	Deaths.	Percentage.	Average population, daily.	Deaths.	Percentage.	Whole number treated.	Deaths.	Percentage.	Whole number discharged.	Deaths.	Percentage.
1874.....	69	4	5.65	31	4	12.90	69	4	5.79	14	4	28.57
1875.....	99	11	11.11	62	11	17.74	154	11	7.23	72	11	15.42
1876.....	113	14	12.38	85	14	16.47	195	14	7.17	110	14	12.72
1877.....	143	14	9.79	110	14	12.72	228	14	6.14	100	14	14.00
1878.....	156	15	9.61	132	15	11.36	284	15	5.28	138	15	10.87
1879.....	137	15	10.94	166	15	9.03	283	15	5.30	119	15	12.60
1880.....	147	13	8.84	186	13	6.98	311	13	4.18	131	13	9.92
1881.....	160	15	9.37	213	15	7.04	340	15	4.41	124	15	12.09
1882.....	175	20	11.42	237	20	8.44	391	20	5.11	151	20	13.24
1883.....	170	18	10.57	265	18	6.41	410	18	4.39	150	18	12.00
1884.....	163	21	12.88	289	21	7.26	423	21	4.96	141	21	14.89
1885.....	204	27	13.23	329	27	8.20	486	27	5.55	131	27	20.61
1886.....	213	17	7.98	410	17	4.14	568	17	2.99	157	17	10.83
1887.....	231	22	9.52	467	22	4.71	642	22	3.42	187	22	11.76
1888.....	217	36	16.58	506	36	7.11	672	36	5.35	213	36	16.90
1889.....	250	15	6.00	536	15	2.79	709	15	2.11	195	15	7.69
1890.....	288	30	10.41	578	30	5.19	802	30	3.74	196	30	15.30
1891.....	355	43	12.11	709	43	6.06	961	43	4.47	196	43	21.42
1892.....	339	67	19.76	827	67	8.10	1,104	67	6.06	250	67	26.80
1893.....	343	79	23.03	976	79	8.09	1,197	79	6.59	219	79	36.07
1894.....	274	73	26.64	1,021	73	7.15	1,252	73	5.83	205	73	35.61

TABLE NO. 27.
Number of men employed, kind of work done and average per cent. of male patients employed.

MONTH.	DESCRIPTION OF WORK										Total number of men employed.	Average daily population.	Per cent. employed.
	General.	Wards.	Dining-room.	Laundry.	Boiler-house.	Kitchen.	Printing.	Tailor shop.	Farm and garden.				
1893.													
October	11	37	34	18	11	4	3	....	6	124	488	25.41
November	17	35	33	18	11	2	4	....	6	126	493	25.55
December	17	39	33	18	11	2	4	....	2	126	494	25.50
1894.													
January	21	37	34	18	11	2	5	....	2	130	496	26.20
February	17	34	32	18	11	2	5	....	3	122	500	24.40
March	14	42	33	16	11	1	3	....	4	124	504	24.60
April	15	36	34	17	8	1	3	....	6	120	510	23.52
May	14	36	37	16	9	1	3	....	7	123	513	23.97
June	14	37	35	18	9	2	3	....	11	129	515	25.04
July	15	36	34	16	9	1	3	....	15	129	516	25.00
August	15	33	32	18	9	2	3	2	9	123	520	23.65	
September	16	34	33	18	9	4	4	2	8	128	524	24.42	

TABLE No. 28.

Number of women employed, kind of work done, and average per cent. of female patients employed.

MONTH.	DESCRIPTION OF WORK.					Total number employed.	Daily average population.	Per cent. employed.
	General.	Wards.	Dining-room.	Laundry.	Sewing-room.			
1893.								
October	60	20	32	6	32	150	493	30.40
November	48	18	28	5	37	136	500	27.20
December.....	40	18	34	5	34	131	500	26.20
1894.								
January.....	37	17	29	6	31	120	499	24.04
February.....	38	16	27	6	33	120	501	23.95
March	43	24	36	6	37	146	513	28.26
April.....	37	21	34	6	44	142	517	27.46
May	33	21	32	6	41	133	518	25.67
June	32	20	30	7	39	128	524	24.42
July	31	20	29	6	34	120	532	22.52
August	32	18	32	7	38	127	536	23.69
September	43	21	32	8	41	145	538	26.95

Bureau of Information.

This hospital receives patients under the same rules and terms of admission as govern other State hospitals.

The following is a brief epitome of laws relating to the insane, passed since 1889 :

Laws of 1890, Chapter 283.

An Act to establish and organize the State Commission in Lunacy, and define its duties.

Laws of 1890, Chapter 126.

An Act to promote the care and curative treatment of the pauper and indigent insane in the counties of this State, excepting New York, Kings and Monroe counties, and to permit said exempted counties to avail themselves of the provisions of this act when so desired. By this act, on October 1, 1893, the State assumed care of all pauper and indigent insane patients of all the counties of the State, with the exception noted above; the expense of the custody, care, maintenance, treatment, clothing, etc., not to be a charge on counties, but the cost of same to be paid out of funds provided by the State for the support of the insane. Under this act the State was divided into seven districts by counties, Middletown receiving patients from the following counties: Sullivan, Orange, Rockland, Ulster, Richmond, Queens and Suffolk.

Laws of 1893, Chapter 323.

An Act to amend chapter 126 of the Laws of 1890. The foregoing provisions of this act shall not apply to or include the Middletown State Homeopathic Hospital at Middletown, N. Y., so as to prevent public patients by or for whom homeopathic treatment is desired being received by said homeopathic hospital from any of the counties of the State. Said hospital and its officers are authorized and empowered to receive such public patients. County and State officers having authority to commit the insane may send all patients for whom homeopathic treatment is desired to the Middletown State Homeopathic Hospital,

and the expense of conveying such patients to said hospital shall be a State charge, to be borne in the same manner as in the case of conveying other public patients to State hospitals.

The counties from which the Middletown Homeopathic Hospital received patients were reduced to four, namely, Orange, Sullivan, Ulster and Rockland.

Laws of 1892, Chapter 613.

An Act to provide for the maintaining of State pauper insane patients not having any legal residence in any county of the State, and who are now or may hereafter become inmates of any of the State hospitals. The sum of two thousand dollars, or so much thereof as may be necessary, being appropriated to be paid by the Comptroller of the State upon vouchers rendered quarterly by the treasurer of each State institution.

Laws of 1893, Chapter 214.

An Act to appropriate money for care, medical treatment, clothing, support and transportation to the State hospitals of the insane poor.

By this act there shall be imposed, for the fiscal year commencing October 1, 1893, a State tax of one-third of a mill, collected by annual assessment for above purpose.

By the provisions of this act, the medical superintendent of each State hospital shall on or before the fifteenth day of each month cause to be prepared by the steward thereof duplicate estimates in minute detail of expenses required. He shall submit one of same to the State Commission in Lunacy and retain the other. The Commission in Lunacy may revise said estimate and present the same to the Comptroller. The Comptroller shall then authorize the board of managers to make drafts on Comptroller as money may be required. It provides for a contingent fund not to exceed \$1,000; it provides that the treasurer of each State hospital shall give bond; it provides for a monthly meeting of the superintendents with the State Commission in Lunacy; it provides the duties of the treasurer as follows:

He shall be custodian of all moneys received from Comptroller; keep an accurate account of same, and shall only pay out such moneys on vouchers approved by executive committee of board of managers; that he shall receive all moneys for care of private

patients and other sources of revenue, and deposit such moneys in a bank designated by Comptroller, and send statement of same to Comptroller. It provides that the bank receiving such control shall give bond with the Comptroller; it provides that the treasurer shall make monthly statements of receipts and expenditures, accompanied by the necessary vouchers; it provides that each statement shall be verified by the treasurer and steward; it provides that patients with no residence in the State shall be returned to the State in which they belong; it provides that two agents may be appointed by the Commission in Lunacy, whose duty it shall be to secure from relatives and friends who may be liable therefor, or be willing to assume the cost of any such inmate as is being supported by the State.

The following sections of laws of the State, and orders and recommendations of the commission, are given for general information :

Under section 7, chapter 283, Laws of 1889, we find that hereafter it shall be the duty of every physician who receives a certificate as a medical examiner in lunacy in this State to forward a certified copy thereof to the office of the commission within three days after such certificate is granted, and said commission shall cause the same certificate to be recorded as soon as received, and shall promptly advise said physician of the recording thereof in writing. One year after the date of the passage of this act it shall not be lawful for any medical examiner in lunacy to make a certificate of insanity for the purpose of committing any person to custody unless his certificate has been so forwarded and its record in the office of the commission, as above provided, has been acknowledged.

Relating to the Appointment of Medical Internes.

1. To provide for the appointment by State hospital superintendents of physicians who are graduates of not more than two years' standing, of a legally chartered medical college, such as is recognized by the University of the State of New York, such appointees to be known and designated as medical internes, the number of such medical internes not to exceed two in any one hospital.

2. No medical interne shall be permitted to remain in the service of any State hospital, as such, after the first civil service examination for the position of junior assistant physicians, occurring subsequent to the expiration of one year's continuous service as such medical interne, unless he shall have passed said examination and been so certified by the Civil Service Commission.

Adopted by the New York Civil Service Commission April 28, 1893.

In Reference to the Commitment of Patients.

"No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person." (Chapter 446, Laws of 1874.)

According to section 2 of the same act "it shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to any asylum, unless such physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record;" and it is now required that a certified copy of the same shall be filed in the office of the State Commission in Lunacy.

"No certificate of insanity shall be made except after personal examination of the party alleged to be insane, and according to forms prescribed by the State Commission in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment. The date of examination shall constitute the date of the medical certificate in lunacy.

"Every such certificate of insanity, in every case, must have indorsed upon it the approval of a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and proofs as to any alleged lunacy before approving or disapproving of such certificate, and may, at his discretion, call a jury in each case to determine the question of lunacy.

Form 40.

"Each insane patient shall be permitted to write to some relative or friend once in two weeks, and oftener if necessary, in the discretion of the medical superintendent. In case of patients unable for any cause to write, the medical superintendent must direct some proper person to write for such patients at suitable intervals, if they so desire. All letters must be forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage must be furnished by the institution, if relatives or friends are unable to provide the same. All letters detained because of obscenity, profanity or for other reasons must be forwarded at once to the office of the State Commission in Lunacy, and reasons for the detention must be briefly stated in each case by indorsement upon the envelope.

"All letters addressed to the Governor, Attorney-General, judges of courts of record, district attorneys, or the State Commissioners in Lunacy, must be forwarded at once, without examination."

Ruling of Assistant Attorney-General for Post-Office Department in Reference to Delivery of Mail to the Insane Confined in State Hospitals.

STATE OF NEW YORK — STATE COMMISSION IN LUNACY.

Carlos F. MacDonald, President; Goodwin Brown, Henry A. Reeves, Commissioners; T. E. McGarr, Secretary.

ALBANY, *March 17, 1894.*

To all Institutions for the Insane:

I am directed by the State Commission in Lunacy to transmit the following copies of letters recently received by the Commission from the Assistant Attorney-General of the Post-Office Department:

OFFICE OF THE ASSISTANT ATTORNEY-GENERAL

FOR THE POST-OFFICE DEPARTMENT,

WASHINGTON, D. C., *February 8, 1894.* }

T. E. MCGARR, *Secretary State Commission in Lunacy, Albany, N. Y.:*

SIR.—As per request made by Assistant Attorney-General Whitney, I have to inclose herewith a copy of the ruling referred to in the newspaper clipping presented by you, covering the dis-

position of mail matter addressed to prisoners confined in county jails and awaiting trial upon indictment.

The specific case passed upon, wherein the question of the delivery of mail matter to insane persons was considered, has reference to a person certified to be *non compos* by several physicians and confined in a county asylum, but whose status as a sane person had not been passed upon by a court and jury.

As a general rule, it may be stated that if a person has been adjudged insane by a court of competent jurisdiction, by which a conservator or manager of his business or a guardian of his person has been appointed, all mail matter addressed to such person should be delivered to such conservator, manager or guardian, or according to the latter's direction. In case a person be adjudged insane or an imbecile by a court, and he be confined in an asylum by order of a court, and there be no conservator or manager of his business, or guardian of his person lawfully appointed, then mail matter addressed to such person may be delivered to the keepers of the asylum.

The jurisdiction of the Post-Office Department as a carrier over such mail matter may be said to cease when such delivery is effected. Of course, it must be recognized that the authorities of such institutions are required to exercise a proper discretion in the matter of delivering mail to inmates, and in preventing the transmission of letters intended for delivery by such inmates to outside parties, especially so when the interests or recovery of patients might be endangered, or the safe administration of the affairs of the institution interfered with.

Very respectfully,

JOHN L. THOMAS,

Assistant Attorney-General, P. O. Department.

In view of the foregoing, the previous order of the commission relative to correspondence of patients (Form 40), is to be regarded as modified in these particulars:

1. Whenever an inmate of a State hospital or of an asylum has a guardian or committee of his or her person and estate, lawfully appointed, mail matter addressed to or by such inmate should be disposed of according to the written directions of such guardian or committee; and only in special or extraordinary

cases need such mail matter be forwarded to the office of the commission.

2. Whenever a lawfully adjudged and committed lunatic, who is an inmate of a hospital or asylum, has no guardian or committee lawfully appointed, mail matter addressed to such inmate and delivered, in pursuance of the foregoing direction of the Post-Office Department, to the keeper or superintendent of the hospital or asylum may, in the discretion of such keeper or superintendent, be delivered to such inmate unopened, if, in his judgment, it is safe to do so; or if he has a well-grounded reason to believe that to deliver such mail matter to such patient would be unsafe or unwise and prejudicial to the interests of such patient or of the institution, such keeper or superintendent may withhold such mail matter for examination and detention or destruction if deemed advisable, always having due regard to the prevailing rule as to the inviolability of mail matter and seeking to maintain it whenever it is practicable or proper to do so.

3. The "proper discretion" which hospital or asylum authorities may, in the opinion of the Post-Office Department, rightfully exercise as to preventing the transmission of mail matter addressed by an inmate to parties outside, should be exercised in good faith and with fair judgment, erring, if at all, on the side of a liberal view of each particular case. The commission thinks that comparatively few letters of patients ought to be suppressed, and those only where the objection to transmission is clear and conclusive.

4. The direction in the original order (Form 40) as to forwarding unopened all documents or papers addressed to the officials named therein must be strictly and promptly complied with in all cases.

5. Letters addressed by inmates of hospitals or asylums to parties outside, as to the propriety of forwarding which there is reasonable doubt, should be sent to the office of the commission by the next mail, and not kept until a number of such letters has accumulated.

I am, very respectfully yours,

T. E. McGARR,

Secretary.

On receiving a patient the medical officers must inform said patient of the character of the institution, and the cause of detention.

"That the superintendent or officer in charge of each institution for the care and treatment of the insane be directed not to permit the service of any legal process whatever upon any insane patient except upon the order of a judge of a court of record, which shows that the judge had notice of the fact that the person sought to be served was at the date of the order an inmate of such institution."

Large bodies of visitors must be debarred from visiting the wards.

Directions for Conveying Patients to the Hospital.

Form 112.

The attention of town and county officers is particularly called to the following order of the State Commission in Lunacy:

Ordered:

1. That all town, county or city authorities, before sending a patient to any State hospital, see that said patient is in a state of bodily cleanliness, and provided with the following clothing, to-wit:

(a) One suit of underclothing.

(b) One suit of outer clothing, including headwear, boots and shoes.

Between the months of November and April, both inclusive, there shall be provided, in addition to the foregoing, a suitable overcoat for the men patients and a suitable shawl or cloak for the women patients; also gloves or mittens. Considering the great danger, always present, of the introduction of contagious or infectious diseases into institutions where large numbers of people are congregated, and to avoid, so far as possible, the introduction of such diseases by means of wearing apparel, the clothing above provided for *must, in all cases, be new.*

2. In traveling by rail patients must not be compelled to ride in smoking or baggage cars, except in the case of men patients who may be violent, profane or obscene, as to render their presence in ordinary passenger coaches offensive. If any portion of the route is necessary to be traversed by team, a covered conveyance should, unless impossible, be provided. The shortest practi-

cable route should be selected, the hour of departure should be timed, so far as possible, so as to avoid the necessity of stopping over night on the journey, and so as not to reach the hospital at an unseasonable hour. Whenever practicable a notice in advance, by writing or telegraph, should be sent to the medical superintendent of the hospital of the coming of the patient. In cases of violent patients a sufficient number of attendants should be provided to control their actions without resorting to the use of mechanical restraints, such as straps, ropes, chains, handcuffs, etc.; quieting medicines should not be given to such patients except upon the prescription of a physician. If it becomes necessary to remain over night or for a number of hours at a station on the route, patients are not to be taken in jail, police station or lockup. Food in proper quantity and quality, and at intervals not exceeding five hours, should be provided for patients, but no alcoholic beverages must be given unless upon prescription of a physician. Opportunity must be afforded for attention to the calls of nature, and the rules of decency must be observed. In case of the employment of extra attendants in conveying violent patients, care must be taken that they are of adult age and of good moral character. The provisions of the statute which require that a woman attendant shall accompany women patients when taken to State hospitals must be strictly complied with.

3. Any violation of the requirements of this order shall be promptly reported, so far as known to him, by the medical superintendent of the hospital to the State Commission in Lunacy.

Whenever possible two suits for winter and two for summer, together with several changes of underclothing, should be provided for each private patient. Every patient should be brought by some one competent to give a history of the case as far as known. This is a matter too much neglected in the case of county patients.

The removal of a patient should never be attempted while he is laboring under severe bodily disease, such as fever, erysipelas, large or dangerous wounds or sores, consumption, pneumonia, meningitis, etc.

In this connection we can not give better advice to the authorities having patients in charge than by quoting the following words of the late Dr. Gray, formerly of the Utica asylum, and

one of the most justly distinguished and famous psychologists the country has ever produced :

“In conveying a patient to the asylum, let it be done by force rather than by deception. Truth should not be compromised by planning a journey to the country, or a visit to the asylum, and when there suggesting the idea to the patient of staying while his admission was already decided upon; nor should patients be induced to come and stay a few days to see how they liked it, under the impression that they can leave at pleasure. Such treachery not only destroys confidence in friends, but also too often in us, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement.”

Paroling Patients.

Friends sometimes request that patients may leave the hospital either to visit friends, or to go out on trial for a time. In such cases the superintendent is governed entirely by the following from an order of the State Commission in Lunacy :

Ordered :

1. “That no insane patient while in custody of an institution be permitted to go on parole, who, in the judgment of the medical superintendent, is homicidal, suicidal, destructive or dangerous either to himself or others.
2. “That no parole be granted for a greater period than thirty days, exclusive of the date thereof.”

History of Patients.

It is very desirable that as full a history of each case as can be obtained should be furnished when the patient is brought to the hospital. The following is the form used :

Name, date, age.

Married, single, widowed.

Number of children, living, dead, age of youngest

Nativity.

Time in United States.

Name and nativity of father.

Maiden name and nativity of mother.

Habits, of father.

Habits, of mother.
Cause of death, of father.
Cause of death, of mother.
Occupation.
Religion.
Education, none, reads only, common school, academic,
collegiate, unknown.
Habits, temperate, intemperate; sexually, liquor, drugs.
Condition, natural, exalted, depressed, apathetic, suspicious.
Filthy, profane, obscene, noisy, restless.
Tendencies, homicidal, suicidal, criminal, destructive.
Heredity, paternal, maternal.
Present physical condition, strong, fair, feeble.
Menstruation.
Pulse.
Tongue.
Temperature.
Eyes, light, medium, dark.
Pupils, normal, dilated, contracted, irregular.
Bowels, normal, constipated, loose.
Appetite, good, fair, refuses food.
Speech, none, answers questions, coherent, incoherent, voluble,
thick, garrulous.
Height, weight, color of hair, gait.
Heart, lungs, skin.
Number of admission here.
Marks, deformities, injuries, etc.
Other hospitals.
Number of attack.
Age at first attack.
Duration of attack.
Accompanying diseases.
Remote cause.
Exciting cause.
Diagnosis.
Stage.
Brought by.
Brought from.
Private, public, price per week.

Transportation expenses.

Condition of clothing.

Bodily cleanliness.

Bond.

Home address.

Correspondent.

Received by.

Time.

Sent to ward.

Note:.....

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.....

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Form of Medical Certificate.

According to the form prescribed by the State Commission in Lunacy May 6, 1890, and by resolution of said commission of that date, ordered to go into effect July 1, 1890, under authority of chapter 446 of the Laws of 1874, and chapter 272 of the Laws of 1890.

Statement of facts to be made upon knowledge, information and belief by the examiners in lunacy. If any of the particulars in this statement be not known, the fact to be so stated.

1. Sex.....; age.....years; nativity (if foreign, how long in United States).....; color.....; occupation.....; single, married, widowed?*.

2. Number of previous attacks; present attack began 18..

(If the patient has ever been an inmate of an institution for the insane, state when and where, and whether discharged, recovered or otherwise.).....

.....

3. Was the present attack gradual or sudden in its onset?....

.....

4. What is the bodily condition of the patient?.....

5. Is the patient subject to epilepsy?.....

6. Is the patient filthy or cleanly in dress and personal habits?

.....

*Strike out the words not required.

7. Is the patient violent, dangerous, destructive, excited or depressed, homicidal or suicidal? (*If homicide or suicide has been attempted or threatened it should be so stated.*).....

8. What is the supposed cause? (*State both the predisposing and exciting cause.*).....

9. Has the patient insane relatives, and, if so, state the degree of consanguinity, whether paternal or maternal?.....

10. What are the patient's habits as to the use of liquor, tobacco, opium, etc.?.....

STATE OF NEW YORK:

COUNTY OF..... }
City, Town or Village of..... } ss.:

We,, a permanent resident of.....
 county of....., State of New York, and.....
 a permanent resident of....., county of.....,
 and State aforesaid, being severally and duly sworn, do severally
 certify, and each for himself certifies, with the exceptions which
 are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a
 legally qualified examiner in lunacy; a certificate of my qualifica-
 tions as such examiner, or a certified copy thereof, is on file in
 the office of the State Commission in Lunacy.

2. I have, with care and diligence, personally observed and
 examined, within five days prior to the date of this certificate,
 and more particularly did so on that date, namely, on the
 day of, 189.,, a resident of
, of the State of, and, as a
 result of such examination, find, and hereby certify to the fact,
 that said is insane and a proper person for
 care and treatment in some institution for the insane, as an insane
 person under the provisions of the statute.

3. I have formed the above opinion upon the subjoined facts, viz.:

(a) Facts indicating insanity personally observed by me as follows:

The patient said (*here state what was said to each examiner separately unless it was said in presence of both*):

The patient did (*here state what the patient did in presence of each examiner separately, unless it was done in presence of both*):

The patient's appearance and manner was

(b) Other facts indicating insanity, including those communicated to me by others, as follows:

(*State if there has been any change in the patient's mental condition and bodily health, and if so, what?*)

4. That the answers to the questions contained in the statement are true to the best of my knowledge, information and belief.

....., M. D.

....., M. D.

Severally sworn and subscribed before }
me, this....day of....., 189.. }

.....,

.....

STATE OF NEW YORK:

COUNTY OF..... } ss.:
City, Town or Village of..... }

I, a judge of....., which is a court of record, do on this.....day of....., 189.., hereby approve of the foregoing medical certificate of lunacy, the contents of the same having been certified to me under oath; and it being represented to me that it is intended to commit the said.....to *....., for care and treatment.

.....

*Here state name of hospital, asylum, home or retreat.

Bond for Private Patients.

Form of agreement entered into by the person or sureties who become bound for the patient admitted:

(This agreement or understanding is generally signed by near relatives or legal guardians, if any such there be, at or prior to the time of admission of a patient; or subsequently upon the deposit of a sum of money sufficient to secure its execution.)

WHEREAS,, of, in the county of, an insane person, has been admitted as a patient into the Middletown State Homeopathic Hospital, at Middletown, Orange county, N. Y.:

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to the Middletown State Homeopathic Hospital, at Middletown, Orange county, N. Y., to pay the sum of dollars and cents per week for the care and board of said insane person so long as shall continue in said hospital, with such extra charges as may be occasioned by h . . . requiring more than ordinary care and attention, and also to provide h . . . with suitable clothing; and to pay for all such necessary articles of clothing as shall be procured for h . . . by the steward of said hospital, and to remove h . . . from the hospital and to remove h . . . from the hospital whenever the room occupied by h . . . shall be required for a class of patients having preference by law, or whenever shall be required to be removed by the trustees or superintendent, and also to pay all the expenses incurred by sending said patient to h . . . friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if shall be removed at the request of h . . . friends before the expiration of one calendar month after reception, then to pay board for four weeks, with such expenses as may have been incurred, unless h . . . shall be sooner cured; and also to pay not exceeding fifty dollars for all damage may do to the furniture or other property of said hospital during any one month, and for reasonable charges in case of elopement and funeral charges in case of death; and also to pay all expenses, costs, fees and charges to which the said corporation may be subjected for or upon account of any proceeding under a writ of *habeas corpus* or other proceedings in relation to the custody of said patient, or appearing or defending said proceedings, or in producing the patient

before any court or judge therein ; all such payments to be made quarterly on the first days of March, June, September and December in each year, and at the time of removal, with interest on each bill from and after the time it becomes due.

In witness whereof we have hereunto set our names, thisday of....., in the year 18....

(Name)

(Post-office address)

(Name)

(Post-office address)

This will certify that I am personally acquainted with.....
..... and.....
the signers, for the prompt discharge of its obligations.

(Name)

(Post-office address)

Further Requirements.

Section 6 of chapter 126, Laws of 1890, providing among other things that the president of the State Commission in Lunacy may require State hospitals to send trained attendants of said hospitals to bring insane patients from their homes or from poorhouses to said hospital, and it appearing that the public interests will be best subserved by bringing such patients to State hospitals in such manner, by reason of the greater economy, better care and more humane treatment of the patients ; it is, therefore,

Ordered :

1. The authorities of each State hospital are hereby directed to send such number of trained attendants as may be necessary to transfer patients supported at public expense from their homes or from poorhouses, as the case may be, to said State hospitals.

2. All transfers of insane patients, as provided by this order, must be made in conformity with the rules prescribed in the order of the commission dated December 1, 1892, and known as Form 112.

3. Patients supported at public expense shall be transported only by such public officers as are herein named, but relatives or friends may transfer or accompany such patients at their own expense.

4. This order shall be in effect on and after October 1, 1893.

Visiting Days.

The friends of patients are admitted to visit the institution and its inmates every day from 1 to 4 P. M., excepting legal holidays, Saturdays and Sundays.

The above rule must not be varied, except by special permission from the medical superintendent.

All correspondence relative to patients should be addressed to Dr. Selden H. Talcott, Superintendent, Middletown, Orange county, N. Y.

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